

Oral Hygiene

DECEMBER 1960

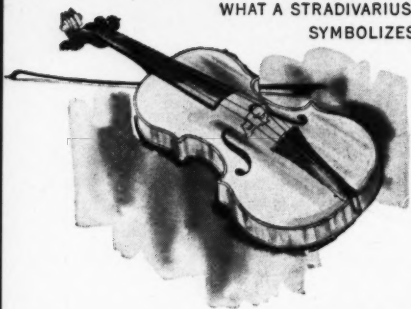


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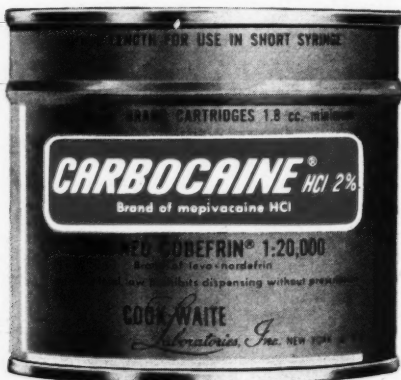
In this issue:
KEEPING UP TO DATE
IN DENTAL PRACTICE

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WALL STREET JOURNAL

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(Continued on page 8)

1. Power-Driven Back

As convenient as power steering.
With a touch of the foot, a lever places the patient where you want him smoothly, without effort.

2. Toe Board

Designed to appease apprehension — gently moves outward as pressure is directed against it. Eliminates that "trapped" feeling.

3. Controls

No matter where you operate, standing, sitting, front, back, right, left, all controls assure you minimum motion.

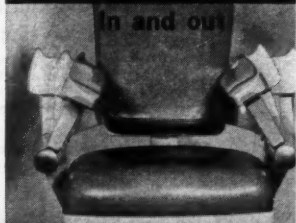
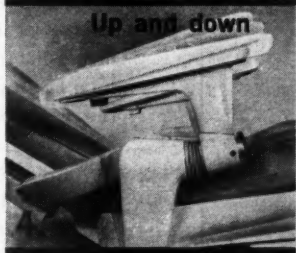
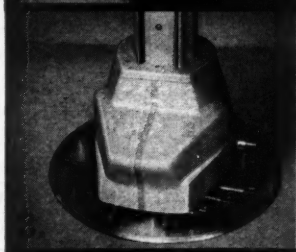
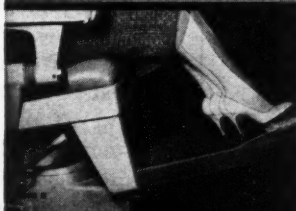
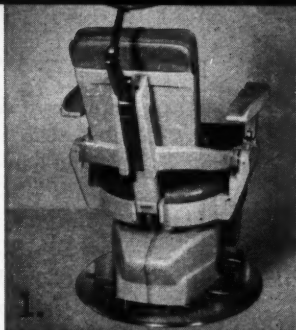
4. Contoured Arms

Up and down — arms automatically adjust to patient position.

In and out — Fingertip release permits arms to rotate in or out, or to a "drop" position, to fit narrow, broad, average or small patients.

Compare the low position of the new Weber Powerchair with other makes — See the difference. Weber has the lowest silhouette by far. The difference shows up in the actual measurements in each case from the floor to the chair seat.

Check for yourself.



The **WEBER DENTAL** Manufacturing Company
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and from downtown had to be accomplished on foot. The exercise was great!

The City Fathers were on the spot, being severely criticized orally and in the daily newspapers because of their seeming negligence, dilly-dallying around in efforts to get the city back into operation. Little or no snow-removal equipment was available and the main streets were impassable for too long, or so the public thought—including myself.

As I recall the incident now, the main excuse offered by the city administrators was that there wasn't any money available for an all-out snow removal job. The work had to be done during regular hours and by regular employees. No extra help could be added, and overtime was out of the question.

The cartoon printed on page four (with formal permission of the publishers of the *Wall Street Journal*), well reminded me of the predicament. I thought I had contrived the answer to the snow removal problem and wrote a rather long letter to the editor of the *Pittsburgh Press*, leading newspaper of the city, expressing my views.

My suggestion, in the main, was to levy a head tax, of as little as five dollars, in an emergency of this magnitude. It was a way, I thought, whereby a large sum of funds could be raised fast, and the problem at hand overcome quickly, by adding manpower and purchasing needed machinery.

With reference again to the cartoon, my letter was published in the *Pittsburgh Press* within a couple of days. So what did I do? You guessed it. I went out and bought up an armful of extra papers so that I could record my literary endeavor for posterity!—R.C.K.

Oral Hygiene

VOL. 50, NO. 12

DECEMBER 1960

AN INDEPENDENT NATIONAL MAGAZINE FOR DENTISTS



REGISTERED IN U S PATENT OFFICE



Total circulation this issue more than 95,000 copies

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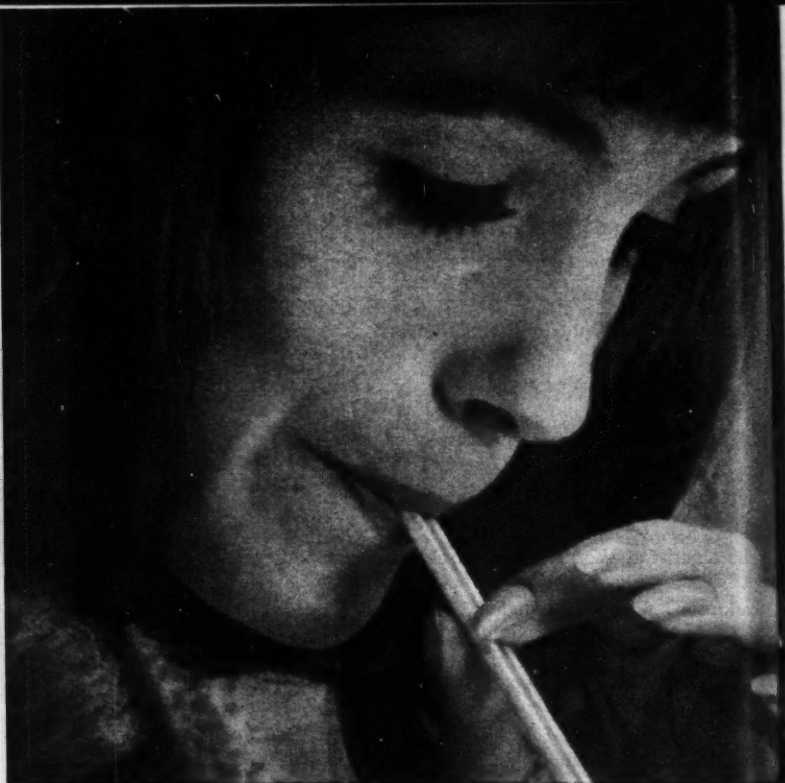
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What's she doing that's of interest to her dentist?

She's drinking a glass of pure Florida orange juice. And that's important to her dentist for several reasons.


Your patient's oral health is directly related to the quality of her diet, and a good diet includes a generous amount of vitamin C and any of the other nutrients found in citrus fruits.

There's actually no better-tasting way for this young lady to obtain her vitamin C than by doing just what she is doing, for there's no more refreshing source than oranges and grapefruit ripened in the luxurious Florida sunshine. An obvious truth, you might say, but not so obvious to the parents of many teen-agers.

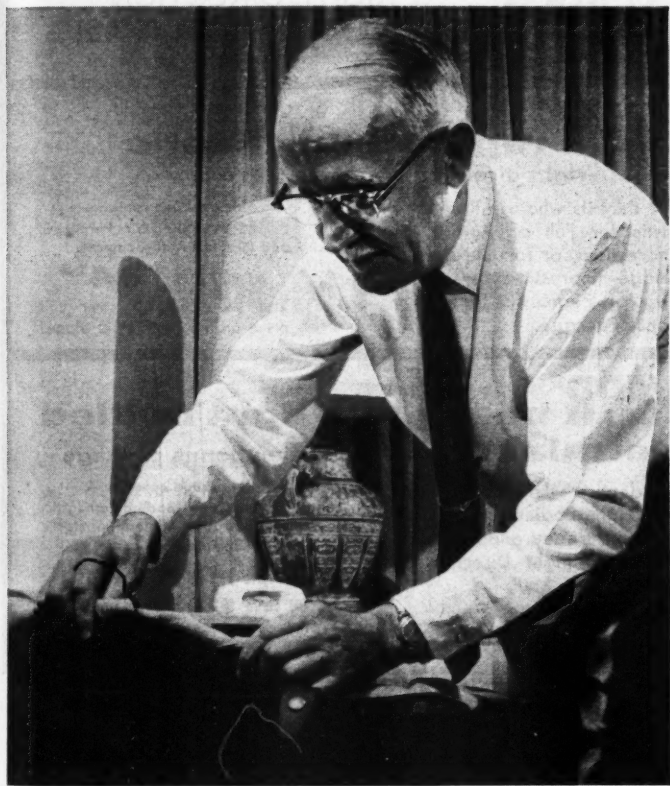
We know that a tall glass of orange juice is just about the best thing a patient can reach for when he or she raids the refrigerator. We also know that if you encourage this refreshing and healthful habit among patients of any age, you'll be helping them to the finest between meals drink there is.

Nothing has ever matched the quality of Florida citrus—watched over by a State Commission that enforces the world's highest standards for quality in fresh, frozen, cartoned or canned citrus fruits and juices.

That's why the young lady's activities are of interest to her dentist.

 Florida Citrus Commission, Lakeland, Florida

Picture of the Month



Doctor Joel Bernhard, 60-year-old dentist of Columbus, prepares to begin his staggering travel schedule as new President of the 3½ million member American Bowling Congress. After a lifetime of service to bowling, he assumed the presidency of the largest organized sports group in the Nation at an inaugural banquet in the Deshler-Hilton Hotel, Columbus.—*Photograph from the Columbus (Ohio) Dispatch.*



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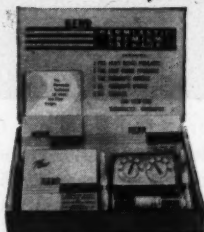
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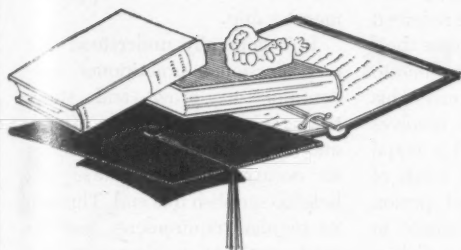


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26 ORAL HYGIENE • DECEMBER 1960



Keeping Up to Date in Dental Practice

By **JACK T. CLARK, BS, DDS***

PRACTICING dentists and dental schools share an equal responsibility in the development of postgraduate education. Through meetings, reading, and preceptorship, professional men have attempted to keep up with current developments in dentistry. With today's rapid changes, however, this is no longer sufficient. In addition to the vast amount of new information that must be absorbed, the public has come to expect dentists to be familiar with modern methods.

Public interest is a formidable incentive. Such demands hastened the growth of various academies concerned with one or another

Texas dentist urges dentists to recognize their obligation to the public by continuing postgraduate study.

phase of dental practice. Unlike these specialized efforts, the Academy of General Dentistry is dedicated to *all-inclusive, continuous education*. Any ethical dentist who attends at least 50 per cent of the scientific sessions at his local dental society and is willing to return to a school for formal instruction six days every three years, is eligible for membership and, so long as he continues to keep up this interest, will retain his standing.

The candidate for a dental degree had to attend at least two years of college, but in many instances has attained a Bachelor of

*President, Texas Branch, Academy of General Dentistry, Fort Worth, Texas.

Science degree. Then, after four years of dental school, he received his doctorate. Many continue their education for an additional one to three years of graduate study. This long, exacting education involves above average effort and is equal to the demands of other fields of science. Yet a dedicated person cannot consider it too much; in fact it should have prepared him to remain interested in study throughout his professional career.

The many inquiries and the nationally growing interest in continuous study inevitably involved the dental schools. Whereas up to World War II schools were concerned mostly with preparing students for the profession of dentistry, research, and graduate teaching of a few specialists, today postgraduate courses are more and more frequently being incorporated into the curriculum.

Like any new enterprise, the beginning is slow. Statistics indicate that 97 per cent of the dentists in the United States are engaged in general practice. Of this number less than 8 per cent to date are regularly returning for postgraduate instruction. It is this fact that caused the formation of an Academy of General Dentistry and determined its requirements to include minimal, but continuous attendance at formal instruction. All

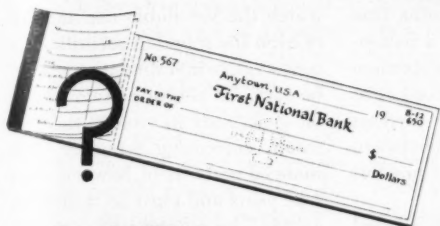
dentists are welcome to apply for membership.

It is generally understood that a professional practitioner may continue to grow and study through individual effort. Attendance at dental meetings and taking an occasional short course will help accomplish this end. Through its regular requirements and annual certification, however, the Academy is lifting postgraduate effort out of this hit and miss category, and aims to establish continuous study as an essential, voluntarily undertaken obligation, not an onerous duty.

One of the difficulties of study clubs has always been administrative continuity. During its nine years of existence and official affiliation with it of many independent study organizations, the Academy has been able to ensure the continuous existence of its components through changes of personnel and direction. Through such united effort, ethical certification, and the maintenance of basic educational standards, the Academy of General Dentistry aims to prove that members of the dental profession are capable of voluntarily recognizing their public obligation by devoting time and effort to postgraduate study.

1616 Pennsylvania Avenue
Fort Worth, Texas

An Adequate



Cash Reserve

By M. TRAVASCIO

Should a dentist maintain a strong cash reserve? How much? What are some tested cash saving techniques?

AN EAST COAST dentist has revised his financial planning as the result of several unanticipated developments in his family and professional life. From now on he intends to devote more of his thinking toward building a healthy cash balance, dollars on hand or in special funds where he may reach them immediately in the event of an emergency.

This 43-year-old practitioner had thought he was doing well. And he was. But then his wife, who was also his part-time office

assistant, became involved in an automobile accident. She remained in the hospital for seven weeks. Later at home she required nursing care and special therapy. When the dentist totaled the bills, he learned that hospitalization, medical-surgery and accident insurance covered only a portion of the expenses.

Fortunately this dentist was in a position to meet all the unexpected obligations, but not in cash. He found it necessary to sell some stocks, which at that moment brought him about 8 per cent less than the price he had paid for them.

HOW MUCH CASH? The experience prompted the dental practitioner to make inquiries among several financial authorities. He asked about the role of cash in the money plans of a pro-

fessional man. The suggestions he received called for the equivalent of three months' income up to a year's net to be maintained in cash on hand. The average was between four and five months. One retired vice president of a nationally known financial institution stressed the need of a strong cash reserve because of one obvious fact—the close association between the dentist's daily efforts and his earning power.

The vice president reminded the dentist that his situation is unlike that of a business executive who may continue to draw a salary if he is injured, becomes ill, or a family problem keeps him from his office. The dentist, on the other hand, suffers an immediate loss of income when he is unable to keep appointments with patients. Also, if his absence is for an extended period he may lose some patients permanently.

GROWTH POSSIBILITIES. "Cash savings always pay off above par," one bank official told the dentist when asked to express himself on the subject. He then cited one popular plan that pays \$90 for \$50. This requires the deposit of \$50 monthly for a period of twenty years after which the saver may withdraw \$90.14 a month for twenty years, a profit of \$9,633.60. This growth was based on 3 per cent interest that has since been moved up to 3½ per cent.

The banker was not suggesting that the practitioner keep all his funds in "on demand" accounts, but pointed out that not everyone is temperamentally equipped to watch the inevitable rise and fall of even the soundest securities. "A conservative investment program," he said, "is almost certain to pay off generously in view of the constantly increasing economy. This financial betterment, however, may take years and must be waited for calmly," he emphasized.

When he was told of the dentist who sold stocks to pay bills incidental to his wife's injuries, the financial expert told how a cash reserve could have been used to meet such a need and actually result in bettering the dentist's financial position. On the strength of deposited funds, the banker said, the dentist could have borrowed \$1000 or more, and repaid it over a 2-year period. This would have cost him \$42.32 at the current rate of interest. However, during the same time the \$1000 that he left untouched in his account would have earned \$61.35, or a saving of \$19.03.

MULTIPLE ACCOUNTS. According to a number of men in banking circles, it is no longer sensible or profitable for a professional man to simply maintain a savings account from which he withdraws larger-than-average sums to pay income and property taxes, insurance premiums, and the like.

The use of special accounts for these purposes is growing in popularity and it is not unusual for some depositors to have three, four, or even five special accounts. These may take care of vacation expenses, schooling for children, and holiday expenditures. This plan permits a dentist's main saving fund to move steadily upward in its total, and since the special funds usually have a dollar objective the depositor is regularly urged on toward a specific amount.

To keep depositing in such a variety of accounts from becoming involved, one dentist each week makes a month's deposits in a different account every Friday. Thus he is concerned with only one book when he goes to the bank. Deposits and withdrawals shown in such accounts also serve as factual guides when totaling accounts for the year, or when gathering figures for income tax purposes.

YOUR FINANCIAL FRIEND. The officials of banks, savings and loan associations, and similar institutions, are today working back of broad glass facades and low

counters for a special reason. They want to be seen by depositors and be available to share their financial knowledge.

Those in key positions in the financial house where you have your account may know nothing about dentistry, except from a patient's point of view; but they can and will help you budget your savings for the office remodeling work you may be planning, the professional equipment you might like to buy, the tuition to start your son toward his own DDS.

Should you still doubt that "cold cash" can be mighty comforting, recall for a moment that day you walked up to the cashier in your favorite restaurant and suddenly found you had neglected to bring your wallet along. Of course the proprietor took your word that you would return later to pay the check, but were you embarrassed! Cash on hand would have prevented that, and it can do the same in much more serious situations.

934 North 63rd Street
Philadelphia 31, Pennsylvania

NOTICE

WHEN you change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.



A portable dental unit weighing only 32 pounds is carried by a dental assistant.

DOES HIGH-SPEED drilling with a lightweight portable unit that can be taken anywhere sound reasonable to you? How about drilling at bedside, or away from an available power source, or even in the middle of the desert if need be?

Dentistry Outside the Dental Office

By **THOMAS T. JONES**

It is possible to set up an office almost anywhere now with a compact, hygienic durable unit called the Port-A-Dent, developed by the Pioneer Research and Development Company of Lemon Grove, California.

Designed by Peter Shea, DDS, of Lemon Grove, and James Sanchez, a Lemon Grove fireman, the Port-A-Dent is the result of two years and four models based on trial and error research, which saw the total unit weight reduced from 195 pounds to its present weight of 32 pounds. The unit is eight inches wide, twelve inches long, and 36 inches high, and is encased in a stainless steel case equipped with a handle for easy carrying.

"But why portability in dentistry?" might be the next question

A lightweight portable dental unit has been designed by a California dentist for use in treating persons who are unable to come to the office.

in order. According to the American Dental Association, there has long been a need for good portable equipment to aid in the care of the chronically ill, bedridden, handicapped, and the immobile aged patients who fill our rest homes and sanitariums.

The old adage that "a pair of forceps in a bag makes any dentist portable" may be one solution to the problem, but with the increasing number of younger persons who are becoming incapacitated, a dentist called to bedside is often forced to extract teeth, simply because there is no way to get the person to the office where treatment can be given.

The invention of the turbine handpiece a few years ago opened a new field of high-speed treatments, and in effect made the invention of the Port-A-Dent possible.

When Shea and Sanchez first began experimenting, they used bottled air as a propellant force to drive the turbine handpiece, but they soon found that the rpm's were reduced in proportion to the pounds of pressure expended from the bottle. Being a fireman, Sanchez was familiar with the char-

acteristics of the CO₂ used in hand fire extinguishers, and knew that CO₂ maintains a constant pressure until it is entirely expended from the bottle.

So they switched to CO₂, but on the first trial run they nearly froze the handpiece because of the frigidity of the gas as it came from the bottle. Then they added a five-foot coil of copper tubing which drew off the cold and warmed the CO₂ to room temperature.



A toe-operated valve controls the drill speed and water flow.

A series of solenoid switches operated on a 110-volt current regulated a flow of distilled water which fed into the instrument. All this (the CO₂ bottle, copper tubing, water bottle, and solenoids) together with all the fittings, hoses, switches, and wires to connect the apparatus together, made up the prototype Port-A-Dent which weighed 195 pounds.

The first unit was awkward and unsightly, but Shea and Sanchez soon learned that they could reduce the size and quantity of their equipment and still obtain efficiency in operation. They reduced the CO₂ source to a 25-pound container and the water supply became a 1½ quart flask. The elaborate solenoid system gave way to an air turbex regulator, and more recently to a simple on-off regulator valve.

The present unit consists of a hand-type CO₂ fire extinguisher with a connecting pressure valve. From the valve, the CO₂ circulates through a copper tubing "heater" which is wrapped around the water flask. From the heater, the CO₂ goes into a regulator valve that is actuated by a foot control pedal. The firmer the pressure that is applied to the pedal, the more CO₂ is released to the turbine head.

The water supply comes into the regulator valve from a chrome tank that is pressurized with a

bleeder line off the CO₂ bottle. A valve on the front of the unit regulates the amount of water, and an off-on foot button near the foot control pedal regulates the flow.

The high pressure and frigidity of the CO₂ enables a germ and moisture free drilling process that produces no pressure or heat, thereby eliminating trauma.

The Armed Services are interested in portable equipment to provide dental care for servicemen who are remotely removed from regular bases that have dental facilities. Civilian defense personnel are interested in portable units for use during national emergency. And it is possible to move dental school classrooms into otherwise inaccessible areas, for on-the-spot demonstrations with the aid of portable equipment. One particular Canadian dentist, who visits many of his patients by airplane because they live in far-flung areas of the Pacific Northwest, feels that the Port-A-Dent unit is the answer to most of his problems.

It may not be long until the dental profession will be represented by the picture of a dentist carrying a stainless steel portable unit much the same as the medical profession is represented by the physician's black bag.

1315 *Darby Street*
Spring Valley, California

PARENTS today who want their children to have a college education face a problem other than finding a college with freshmen openings. This problem is one of paying today's high tuition fees.

To assure the money for tuition and other costs, some parents pur-

chase endowment insurance policies, while others start a systematic savings account.

How would you have fared if in 1940 you had prepared for your child's college education by purchasing an endowment policy, maturing in 1958, with cash value of \$4800?

ORAL HYGIENE • DECEMBER 1960 35

would have provided for tuition and other costs for a four-year period (see Harvard on chart) but by the time your child reached eighteen years of age, ready for college, inflation would have caused an increase in cost to \$10,500. You would be short more than \$5700!

Cash savings would not have fared much better. A "nest egg" of \$1500 placed on deposit in 1940 and compounded at 3 per cent would have grown in ten years to approximately \$2020—and at the end of eighteen years (1940 to 1958) would have grown approximately to \$2550, still far short of the amount needed.

What was wrong with your planning? Most important is the error of having placed your funds

in "fixed dollar" savings—the kind that do not take into account the rise in the cost of living.

With an anticipated increase in the demand for higher education, expenses of colleges and universities are expected to rise too. New buildings, more instructors (at higher salaries) and increased maintenance bills will strain already stretched college budgets. The logic of the situation suggests that tuition fees will need to be further increased. Thus, it is prudent to assume that attending college in the years ahead will cost more.

The answer lies in putting money to work in a form that will take into account the economy at a future date. One answer is the periodic purchase of good-quality

TREND OF TYPICAL ANNUAL COLLEGE COSTS

| | HARVARD COLLEGE | | COLUMBIA UNIVERSITY | | VASSAR COLLEGE | |
|------|-----------------|-----------------|---------------------|-----------------|----------------|-----------------|
| | Tuition Only | Aggregate Cost* | Tuition Only | Aggregate Cost* | Tuition Only | Aggregate Cost* |
| 1900 | \$ 150 | \$ 350 | \$ 150 | \$ 400 | \$ 100 | \$ 500 |
| 1940 | 400 | 1200 | 380 | 1100 | 500 | 1550 |
| 1945 | 400 | 1350 | 380 | 1500 | 550 | 1600 |
| 1955 | 1000 | 2150 | 816 | 1916 | 925 | 2400 |
| 1957 | 1000 | 2150 | 974 | 2084 | 1025 | 2500 |
| 1958 | 1250 | 2625 | 1174 | 2284 | 1325 | 2900 |

*These yearly cost estimates allow for little more than the bare necessities. They will differ for individual students as to traveling costs, membership in fraternities or sororities, and other expenses.

| <i>Fund</i> | <i>Investment</i> | <i>Value at end of 10 years*</i> |
|---------------------------|-------------------|----------------------------------|
| Fundamental Investors | \$1500 | \$4892 (approximate) |
| Financial Industrial Fund | 1500 | 5350 (approximate) |
| Boston Fund | 1500 | 4917 (approximate) |
| Aberdeen Fund | 1500 | 4504 (approximate) |

*with capital gain distributions accepted in additional shares and dividends in cash being reinvested.

common stocks, another is in the purchase, on a monthly basis, of mutual funds.

Why A Mutual Fund?

Basically, a mutual fund is the cooperative ownership of shares in many companies, in many industries, with diversification and lessening of risk. Spreading investment ownership among many securities is a time-tested investment principle to reduce risk and to increase the possibilities for worth-while investment results.

The so-called advantages of investing in mutual funds are summed up as the investor receiving trained supervision, dividend continuity, marketability, convenience, simplified estate settlement, and participation in the growth of

the nation's economy and industry.

You may or may not agree with those who promote mutual funds but let us take a look at what would have happened to \$1500 invested in a lump-sum in 1948, or 1949.

You do not have to be a professor of mathematics to see that had you put away \$4800 (representing four years at Harvard at \$1200 per year cost in 1940) in one of the funds I have used as an illustration, you would have had more than enough to pay for your child's education. Each of the funds increased at a rate better than 3 to 1, thus \$4800 would have grown to more than \$12,400, or more than the amount needed for a four-year course at 1958 tuition and cost figures.

The Dentist at Work:

Improved Dental Cementation, Part VIII

By CHESTER J. HENSCHEL, DDS*

A cement mixed on a cold, dry surface is strong, has a longer safe working period, and sets rapidly in the mouth.

So—you know about cementation. Then is the following true or false? The treatment room has been dehumidified so *no* moisture condenses on the mixing surface. Two mixes are properly made at the same time to the *same consistency*. One is spatulated on a *cold* slab (40° F), the other on a *warm* slab (80° F). The mix from the cold slab sets *FIRST in the mouth!*

Most dentists think that the mix from the warmer slab will set first. The answer is quite to the contrary. The cold surface mix sets

about three times faster than the one from the warmer slab. Further, it is easier to spatulate, is stronger, less-soluble, more permanent, and offers the advantage of a much longer working time.

PRACTICAL MIXING TECHNIQUE: Here is the procedure for making a better mix more easily. The surface for the mixing of cements should be at the coldest level that will not "sweat" or condense moisture at a given room temperature and humidity. Glass (as of a slab) resists temperature change many times *less* effectively than water. Therefore, a flat-sided bottle filled with cold water or one stored in a refrigerator is far more efficient than any solid glass slab. A thermometer in a one-hole rubber stopper can be used to cork the bottle and indicate the precise mixing temperature (Figure 1).

An inexpensive hygrometer may be purchased in most hardware

*Doctor Henschel, author of this practical series, is Head of the Department of Operative Dentistry at Sydenham Hospital, New York. He is a member of the International Association of Dental Research and the American Association for the Advancement of Science.

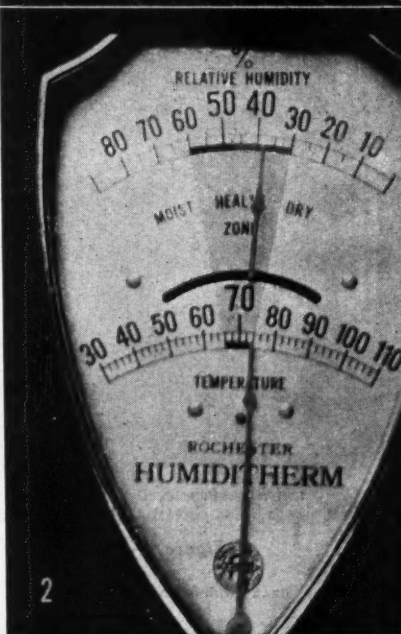
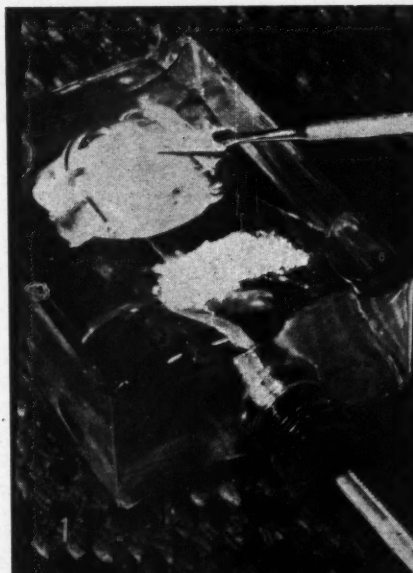
specialty shops (Figure 2). Apply the readings from this instrument to the Humidity Chart (Figure 3) to find the best and lowest practical mixing surface temperature for your treatment room on that day and hour. Adjust the bottle temperature by spilling out a little water and adding cold or warm as needed. Agitate, recheck the thermometer, dry, and the mixing slab is ready to use.

Place an adequate amount of cement powder at one end of the mixing surface by spilling from the bottle using a rolling motion. Gently, holding the dropper low and without splashing, place the required number of drops of cement liquid near the other end. Be sure there is *no* condensed moisture. Water incorporated into the mix produces a weak, chalky, rapid setting temporary cement. This emphasizes two more precautions. First, never leave cement liquid bottles uncapped, especially in damp weather. Second, never place cement liquid out on the slab until everything is ready and awaiting actual mixing.

With a scrupulously clean spatula carry a small portion of powder

Figure 1—Mixing cement on flat-sided bottle filled with cold water. Note thermometer in rubber stopper.

Figure 2—Inexpensive hygrometer showing humidity and temperature of treatment room.



Humidity Chart For Dental Cements

| Room Temperature | Relative Humidity (per cent) | Slab Cooled to: (degrees F) |
|------------------|------------------------------|-----------------------------|
| 90° | 40 | 64° |
| | 50 | 71° |
| | 60 | 76° |
| | 70 | 80° |
| | 80 | 85° |
| | 90 | 88° |
| 85° | 40 | 55° |
| | 50 | 66° |
| | 60 | 71° |
| | 70 | 77° |
| | 80 | 80° |
| | 90 | 83° |
| 80° | 40 | 55° |
| | 50 | 60° |
| | 60 | 66° |
| | 70 | 71° |
| | 80 | 75° |
| | 90 | 78° |
| 75° | 40 | 50° |
| | 50 | 56° |
| | 60 | 61° |
| | 70 | 66° |
| | 80 | 70° |
| | 90 | 75° |
| 70° | 40 | 46° |
| | 50 | 52° |
| | 60 | 56° |
| | 70 | 61° |
| | 80 | 65° |
| | 90 | 68° |

Mixing surfaces below specified temperature tend to condense moisture which weakens cement.

Figure 3—Humidity or "safe" dew point chart.

Figure 4—String test for determining proper consistency for cementing inlays.

into the liquid and mix well. Continue with small portions and thorough spatulation until the desired consistency is reached. This may be tested by scooping a mass of mixed cement onto the spatula, holding nearly horizontal and judging "the reluctant drip." A second and probably more popular test is the stringing test (Figure 4).

PRECAUTIONS: While the best mix of cement is from the *coldest possible* surface, the surface must be dry—no moisture—and should *stay* dry during spatulation. Do not breathe directly on the slab. Since heat accelerates the setting of zinc oxyphosphate cements, always apply the completed mix first to the casting, and last to the preparation.

For inlays and especially MOD's where mesial may be confused with distal when cementing, a toothpick handle waxed in the direction of mesial is convenient and avoids error (Figure 5). The placement of complicated castings, especially fixed splints or bridges should be "rehearsed" one or more times to acquaint the operator with the special "feel" and direction of insertion demanded by the particular case. In the event of accident during cementation a nearby uncapped bottle or

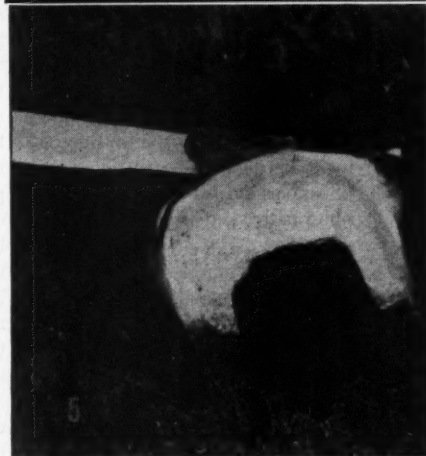
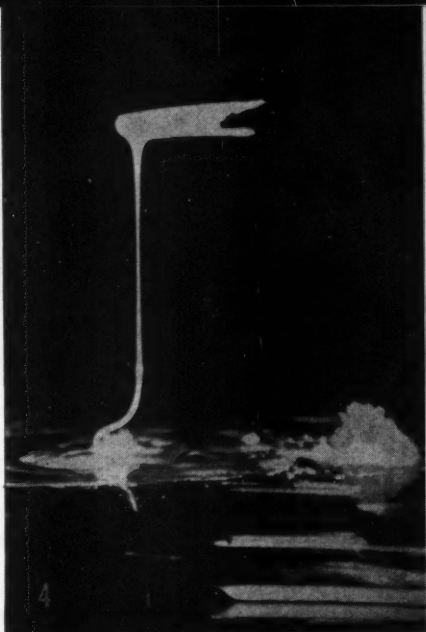


Figure 5—Toothpick mounted toward mesial on MOD inlay ready for cementation.



Figure 6—Center: 0.5 cc cement liquid for setting inlay.

Left: 1.2 gm powder can be incorporated in liquid at 80° F.

Right: 1.65 gm powder can be incorporated in same amount of liquid at 40° F giving same consistency as above.

cup of a saturated solution of sodium bicarbonate is excellent insurance. Syringing the area or rinsing with bicarbonate *before* the cement hardens will neutralize the phosphoric acid, fluff unset oxyphosphate, and prevent hardening.

For each mix a liberal amount of cement powder should be placed on the slab ready for use. It is poor technique to interrupt mixing, to search for, uncup, and add more powder during actual spatulation. Unused powder need not be wasted but should *never* go back into an original bottle. Place excess in a clean empty cement bottle labeled "Basal." Use Basal

powder for cement bases, orthodontic bands, or as a temporary cement (the latter with two drops regular liquid, one drop water).

When the operator anticipates a difficult cementation, some dentists spatulate thoroughly a small speck of powder into the liquid prior to mixing. This is known as slaking and allows longer working time and delays setting. All commercial cement liquids are already buffered or slaked to some extent by the manufacturer. At room temperature or warm slab mixing, additional slaking helps somewhat, but cold surface mixing rewards with similar convenience but a better cement. When really cold mixing surfaces are used, slaking the cement liquid has little if any noticeable effect.

Finally it should be pointed out that the purpose of dental cementation is not only to affix the casting to the tooth, but to seal and protect the margins from seepage and failure. If you cannot *see* the

margin it may be wet or unclean. There may be debris which will prevent accurate seating. We now have available a soft cotton cord impregnated with 8 per cent adrenalin to help us.

If you cannot see a margin or finishing line, spend a few more moments to complete the task thoroughly. Use the chemically impregnated cord to pack away the gingival tissues. In two minutes the cord can be removed and you will be able to see, cleanse, and dry the margins ready for safe cementation.

SENSITIVITY: Pain is sometimes severe during cementation and is an unfortunate trauma to the patient and dangerous for the operation because of salivary stimulation. Such pain is due largely to connecting a warm, vital, sensitive tooth via a thermal conductor (fluid cement) to a piece of relatively cold (room temperature) metal.

It is bad technique to warm the metal or heat the cement. When obvious sensitivity is present anesthesia may be the solution. Another is to acclimatize vital teeth to 70° F by giving the patient a series of mouthwashes. Start with warm and gradually lower the temperature to 65° F. If you have the time for such rinsing acclimatization there will be little pain.

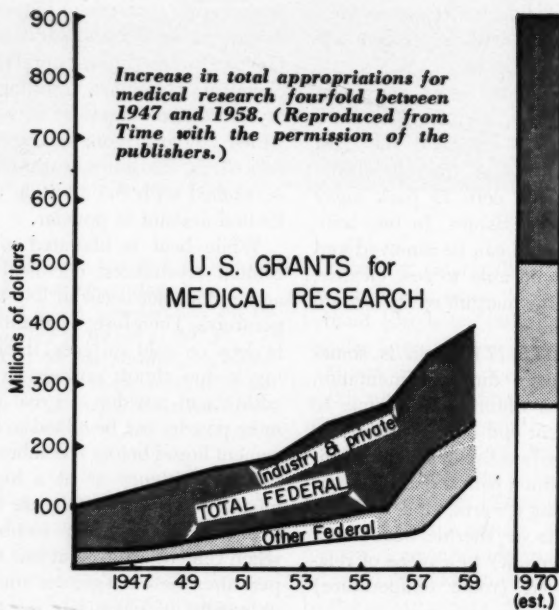
EXPLANATION: A useful consistency of mixed cement is secured by adding powder (calcined

zinc oxide) to cement liquid (orthophosphoric acid). Thickening of the liquid while mixing at room temperature surfaces, or higher, is due to the mechanical addition of powder to liquid plus appreciable chemical interaction resulting in crystallization. Heat is liberated which triggers more interaction. As a result, the desired consistency is reached with the addition of a limited amount of powder.

While heat is liberated when cement crystallizes, chemical reaction does not occur at low temperatures. Therefore, when mixing is done on cold surfaces, thickening is due almost entirely to the addition of powder. A great deal more powder can be added to cold cement liquid before it reaches the same consistency as at a higher mixing temperature (Figure 6).

Since more powder combines when cement is mixed at low temperatures there is a greater amount or weight of chemicals reacting. Further, at low mixing temperatures, interaction does not occur appreciably in the mixing environment but awaits the higher (body) temperature of the setting environment. It follows then, that at low mixing temperatures a greater total amount of heat is liberated and that little of this is lost during mixing. Instead, it is formed in the mouth and the increased temperature, while not high enough to be harmful, accelerates setting time.

(Continued on page 48)



Parkinson's Law in Medicine*

By GEZA DE TAKATS, MD

*Reprinted from The New England Journal of Medicine, Boston, Massachusetts.

Although Professor Parkinson is responsible for "The Law," some phenomena that are applicable to the medical and dental fields are described by this author.

BOTH THE Government and the voluntary health agencies have been awarding increasing numbers of grants. Figure 1 indicates this trend, which is projected to reach astronomic proportions by 1970. This has naturally required a process of grantee selection, which is a curious one. It involves filling out a lengthy questionnaire, sometimes in 16 to 32 copies, many of which are illegible. The questionnaire may be filled out with such skill and gamesmanship that the

applicant has an excellent chance of obtaining a sizable grant if the application is typed on an IBM typewriter, if he comes from a geographic area from which few applicants have applied, if he is a present or former student of an influential member of the research committee, if he selects a topic that is considered to be "hot" at the moment and, last but not least, if he has in the past amassed considerable grants from various sources and maintains a research

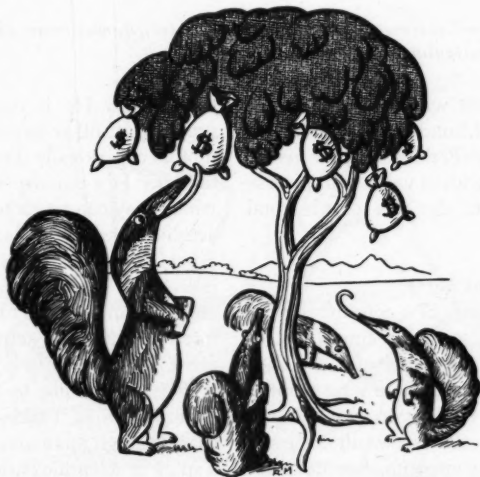


Fig. 1—The Grant Eater, a long-snouted mammal with swollen salivary glands, chewing on grants hanging within easy reach. The small grant eaters are watching him carefully but minding their business.



Fig. 2—Upstream fishes the Grant Eater, downstream the innocent little investigator.

department with a yearly output of several hundred papers, which conform to Parkinson's Law in that their individual value is in inverse relation to the size of the total output.

The Grant Eater

As a result of a considerable increase in available funds the interesting specimen of the Grant Eater (Figure 1), a long-snouted mammal feeding on grants hanging from the tree with an ever-increasing appetite, has developed. The Grant Eater, of course, begets a number of small grant eaters, managing to keep them in

their place. He is cagey in the presence of other grant eaters although occasionally they will band together in a massive combine in which they can promote their own activities and camouflage them by a benign support of an occasional individual thinker, who is probably too impractical to disturb or interfere with their activities (Figure 2).

It is interesting to note, as a confirmation of Parkinson's Law, that although there may have been a spark of scientific curiosity in the original project, it had long been extinguished by the ever-widening scope of the original concept

Lactarius stipitatus

As a result of annual renewal of grants, feverish activity prevails before the end of each fiscal year so as to justify the expended money and to ensure a renewal of the grant. Abstracts of papers have to

be submitted at a time when the results are ill defined or unknown. The Grant Eater, sitting at his administrative desk, whips up the staff to a frenzy and to a mass production of irrelevant data, which of course await statistical analysis. The statistician, (Figure 3), having had no hand in the original design of the experiment, does the best he can with a mass of ill selected, poorly observed and indigestible data.

The "Merging" Phenomenon

Corporations, banks, legal firms, and hospitals have merged and emerged as stronger and larger institutions. Presumably, the weakness of staff and equipment are eliminated and "strength in depth"—a hideous public-relations concept—develops. The new building, the joint board of trustees, the merged medical staff and an

astronomic number of administrators, accountants, adjustors, and regulatory bodies, all pool their efforts to serve the patient. Whether Mr. Jones, the man on the street, gets as much good service as he did in the pre-merger situation is yet to be determined.

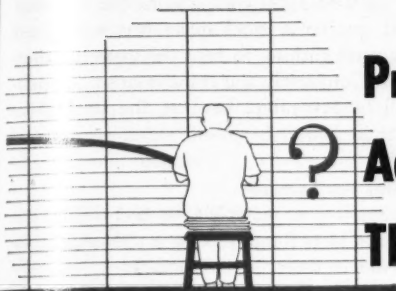
As emphasized by Professor Parkinson, "the importance of an individual may be assessed by the number of doors to be passed, the number of his personal assistants, the number of telephone receivers on his desk—these figures taken with the depth of his carpet in centimeters have given us a simple formula." It is less widely known that the same type of measurement is applicable, *but in reverse*, to the institution itself. He demonstrated that perfection of planned layout is achieved only by an institution on the point of collapse. It is choked by its own perfection!

THE DENTIST AT WORK

(Continued from page 43)

SUMMARY: Contrary to popular belief, the same cement mixed to the same consistency sets faster when mixed on a colder surface. The resultant mix is a stronger cement with a longer safe working

period and much more rapid crystallization in the mouth. This phenomenon can be used to great practical advantage when cementing single or extensive restorations in the mouth.



Practice Administration Thought - Provokers

By CHARLES L. LAPP, PhD, and JOHN W. BOWYER, DBA*

Avoid "Topping" A Patient's Story

When a patient tells you how excited he was when he caught a 12-pound Northerner—avoid "topping" his experience by saying, "If you got a thrill out of that, why you should have been with me when I caught an 18-pound Northerner in the Lake of the Woods country in Canada." Or if a patient tells you excitedly about a vacation which seems commonplace to you—do not try to top his experience with your own. Remember some patients want to relate their experiences to you but have no desire to share yours.

What Is Your Investment Philosophy?

Late spring stock market reversals had many predictors guessing, but all were more or less agreed on a sit-tight and wait-it-out philosophy. This way of thinking, as quoted from *Brevits* received sharp ridicule in the June 1960 issue of *Burroughs Clearing House*. The report pointed out that progress involves risk, and that no one ever "stole second" by keeping his foot on first base. Sitting tight may be an easy thing to do, for no matter what conditions may be at any given time there are always enough convincing reasons for a person to do nothing.

Earnings released for the second quarter showed more losses than gains—but this should not be interpreted as meaning that profits are

*Doctor Lapp is Professor of Marketing; Doctor Bowyer is Associate Professor of Finance, Washington University, St. Louis, Missouri.

really sliding. It is just that 1959 to 1960 comparisons are distorted, because in last year's second quarter a steel strike was anticipated and all makers of hard goods were rushing to beat the expected shut-down. Sales soared as a result. Conversely the third quarter comparisons of 1960 with 1959 will be favorable, because the steel strike slowed down many industries in 1959.

Transparencies In Two Minutes For Lectures

Drawings, charts, illustrations, typed materials, or tear-sheets, can now be made into transparencies in two minutes by a diffusion transfer process developed by Ozalid in their Projecto-Printer.

The resulting transparency can be mounted quickly and placed on any overhead projector for projection on a screen of virtually any size.

For further information about this process write to Norman F. Johnston, L. M. Harvey and Company, 601 James Street, Syracuse 3, New York.

Money Is Not The Sole Motivator

What you pay your auxiliary personnel is important. If one of your assistants feels that you are not paying her enough probably all the other ways of motivating her will fail. The more her activities are tied to some form of evaluation of performance based on standards, and her pay is based on attaining certain proficiencies, the more effective will be the stimulus of the money paid her. However, money alone should not be the sole means of motivating your auxiliary personnel.

If you want better performance from auxiliary personnel write out (or even have them do it) exactly what each person is supposed to do in detail . . . However, avoid the job activity description from becoming the vehicle for auxiliary personnel avoiding certain responsibilities. After such activity descriptions are written, you will no doubt find it necessary to establish some policies for your office which will cover recurring situations. Such policies can become a tremendous timesaver to you and your assistants. Remember from time to time your practice may change. Thus office policies and activity descriptions for your auxiliary personnel should be reviewed and revised from time to time. Tell your auxiliary personnel what you want and they are more likely to do it for you.

Other motivators to step up the efficiency of your auxiliary personnel should be used such as:

1. Holding frequent private person-to-person talks.
2. Allowing your personnel when qualified and experienced to

make decisions when your professional knowledge is not necessary for the patient's welfare.

3. Praising an assistant for a job well done.
4. Creating challenging situations for your personnel to meet.
5. Taking your assistants to certain professional meetings when subjects are being discussed that pertain somewhat to their participation in your practice.

Detect The Essential Difference In Patients

If you size up each patient, you will probably find some patients want a detailed account of what you are going to do for them and a blow-by-blow description of what you are doing as you do it. Other patients prefer that you tell them nothing and just go ahead and quietly perform the dental treatment needed. Adjusting yourself to different personalities is a continuing challenge.

Watch for Fear Reaction

Many patients who have not visited a dentist regularly may still be harboring fears concerning any dental treatment to be received. These fears may be completely unjustified because of the tremendous improvement in the equipment used in dental offices today. Why not take the time to explain this to a nervous patient?

Be Cautious In Investing

There is a definite cause for concern when so many of our leading companies no longer seem to be able to translate an increasing volume of business into a proportionate share of profits. Some people when investing lose track of a basic fact: *a stock represents a company*. Any company is only as good as those in it and their capability of earning a profit—in fact, a growing profit, if your objective is capital gains. A fluctuating stock market cannot make a good company bad or a bad company good.

Some Quick Thought-Provokers

- Japan's gross national production has risen by 88 per cent in the past four years, the fastest rate of growth in the world.
- The secret of leisure is not to do less work, but to organize so that a greater volume can be handled with top efficiency.
- Make what you do important or it will not be important to others.
- Have you checked your disability coverage? Total disability might result in a worse financial debacle for your family than your death.

• The Forbes Business Activity Chart for August showed a continued improvement in business activity for two months or longer in the greater part of the area in Arizona, South Carolina, Washington, Georgia, Florida, North Dakota, New Mexico, and Utah.

• Marriage is a universal phenomenon, but for most of us it is a highly individual experience.

• The younger the dentist the more likely he is to write prescriptions: 95 per cent of dentists under 40, less than half of those over 70.

What Patients Expect

Most patients expect and prefer the dentist who is friendly but not familiar. Some patients feel their dentist is entirely too familiar in his actions or in what he says, while other patients feel their dentist is too businesslike and is not one bit friendly. The dentist who can make the halfway impression of being friendly but not familiar (or professional but not businesslike) is the one that most patients seem to prefer.

Watch For the No Pay Signals

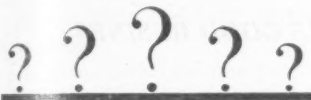
If a patient does not ask for the approximate cost, you may find it is sometimes a danger signal indicating he does not intend to pay. Those who can pay but are trying to get you to cut your fee will often start off with phrases such as "To be honest with you," "To be frank with you," or even more directly, "Couldn't this work be done for less?" Still other patients will state, "I just don't have that kind of money," hoping that this will lead you to cutting your fee.

Are You A Steamboater?

A wise man of the Orient once remarked, "There are three kinds of people in all types of organizations—rowboat people, sailboat people, and steamboat people. Rowboat people need to be pushed or shoved along. Sailboat people move when a favorable wind is blowing. Steamboat people move continuously, through calm or storm. They are usually masters of themselves, their surroundings, and their fate." Are you a steamboater in your dental society activities?

*Washington University
St. Louis 5, Missouri*

Do You Know Something About DENTISTRY!

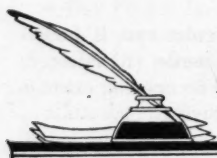


By **ROLLAND C. BILLETER, DDS**

Quiz 195

1. What occurs when the amount of catalyst added to silicone materials is increased?
2. True or false? Thickening of any portion of the lamina dura of fully developed nonpathologic teeth is usually a clue to stress being exerted in that direction.
3. Are nutritional disorders important as causes of periodontal disease?
4. The radicular cyst is invariably (a) sterile, (b) infected, provided no opening exists in the oral cavity.
5. Does an epulis tend to recur after surgical removal?
6. True or false? Gold is completely inert so far as the dental pulp is concerned.
7. Pulp changes are (a) slight, (b) considerable, after cavity preparations with ultrasonic devices.
8. Should the tooth undergoing endodontic treatment be taken out of occlusion as soon as possible?
9. Lactobacilli (a) are, (b) are not, essentially harmless to living cells.
10. There (a) is, (b) is no, real danger to pulp vitality in the use of fine high speed points to reduce interproximal contacting surfaces.

FOR CORRECT ANSWERS SEE PAGE 70



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton

GOOD ETHICS EQUALS GOOD BUSINESS

AT ONE TIME, not too long ago, dentists were considered to be unsophisticated in money matters. They, and their medical colleagues, were supposed to be on every "sucker list" and the prime buyers of blue-sky "securities" and "dry" oil wells. Some of them were—and so were some of the tycoons of the Nation. The big swindlers and the "confidence" men grew rich, not from the people practicing the professions, but from their feast upon some of the big business men of the country.

There are still "sucker lists" and dentists are upon them. There are still unctuous and urgent long-distance telephone calls made to dentists that give tips on wildcat stocks. There are still high-pressure teams of salesmen who invade dental offices looking for easy victims. Some of these plunderers have been discouraged by the Securities and Exchange Commission. That is not all the story. Dentists themselves have become smarter in business affairs.

We would like to believe that ORAL HYGIENE has made some contribution to sharpening the business acumen of dentists. We have followed a planned editorial course that has directed us to authorities in the fields of finance, business law, insurance, investment counseling. These authorities have prepared *practical* articles that are directed to the specific needs and interests of dentists. Many of these articles have stimulated overwhelming response and reaction from our readers.

One such authority wrote for ORAL HYGIENE eight years ago.¹ The same author has now written a book that every dentist should read.² It is not a book on esoteric or theoretic economics. Neither is it an "in-

¹Appleman, J. A.: Death And Taxes, ORAL HYGIENE 42:529 (April) 1952.

²Appleman, J. A.: How To Increase Your Money-Making Power, New York, Frederick Fell, Incorporated.

spirational" book of the "think right and all things will pour forth upon you" theme. It is down to earth.

As an example of the good sense that is packed between the covers of this book by John Alan Appleman here are six practical pointers that appear at the end of one chapter.

1. Don't get so involved in installment purchases that you may fall behind in time of crisis. And remember you pay for the installment privilege.
2. Use loans only in time of real need, unless a genuine saving can be accomplished by the loan.
3. Don't buy a home till you know you are ready to settle and stay in one place.
4. Plan a wise insurance program. Your life insurance—just one part of the program—gives you values that nothing else can give.
5. Beware of any proposition that looks too good.
6. Find out the ways to buy wisely, the ways to live modestly, and the ways to budget for what you really want.

So long as the dentist lives in a society of the tax collector, the mortgage holder, the grocer, and other purveyors of goods and services, the dentist will be required to know something about the earning of and the management of money. If he does not learn this lesson he will be a failure.

There is no conflict between ethics and economics. The dentist need shed none of his professional ideals to be a success in the business side of dentistry. Long-time success in any vocation is based on sound ethics.

The quack in any venture does not usually last long; the more realistic the ethics the greater the prospect for success. The money-grabber who depends on misrepresentation, the cheat, and any manner of fraudulent operator, are examples of both an unethical and a miserable business man in any long-term projection.

The dentist who depends on high-pressure "selling" and excessive fees is likely to find that time proves his approach to be both poor ethics and poor business.

Edward J. Ryan



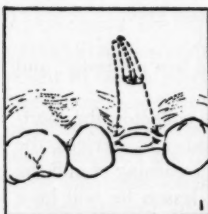
TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

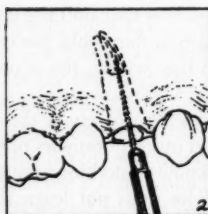
Removal of Broken Root-Tip

By ALBERT D. HOLMES, DDS

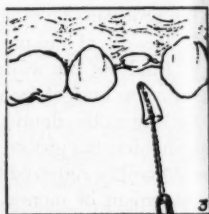
Drawings by Dorothy Sterling



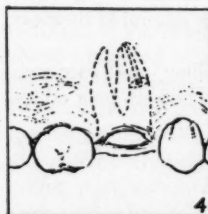
A broken root-tip in the upper bicuspid area is often difficult to remove without removing the buccal plate of bone.



Use either a barbed broach or a rat-tail file secured in a holder. Insert through canal into root-tip with a screw-like motion until a firm grip is established.



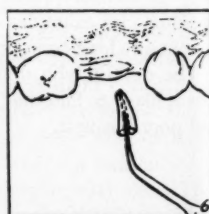
Loosen and remove the root-tip. This method reduces the danger of driving the tip into the sinus.



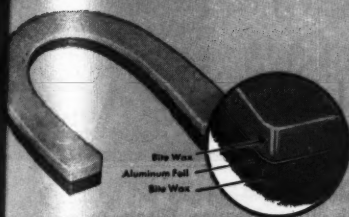
In the posterior area, a broken root-tip may be removed in similar manner.



Use a modified (serrated), curved gutta percha plugger or a modified (serrated) periodontal-pocket instrument.



Insert the instrument and remove the tip in the manner described in steps 2-3.



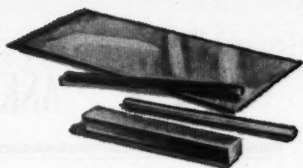
HYGIENIC LAMINATED BITE WAFERS

Hygienic Bite Wafers have a unique construction—a sheet of aluminum foil between two layers of specially formulated wax which will resist distortion at mouth temperature. The foil prevents the teeth from cutting through the wax. For exacting occlusal bites, correction of occlusion on the articulator and registration of tooth positions in Orthodontia.



HYGON® For Individualized Trays and Stabilized Base Plates

An entirely new formulation with unique properties developed especially for individualized trays and stabilized base plates. Handles like putty without elasticity or tendency to spring away from margins during adaption. Offered in clean white, pink and blue—squeeze-bottle packaged.



HYGIENIC WAXES for your every need . . .

Made of the finest domestic and imported waxes obtainable, each compounded for a specific purpose:

- Extra Tough Pink Base Plate Wax—the perfect all-season wax
- New Plastic Wax Sticks—readily formed without heat for post-damming and peripheral lining of trays
- Yellow Bite Wax—in sheets or cakes
- Bite Sticks—Pink or Yellow

Put

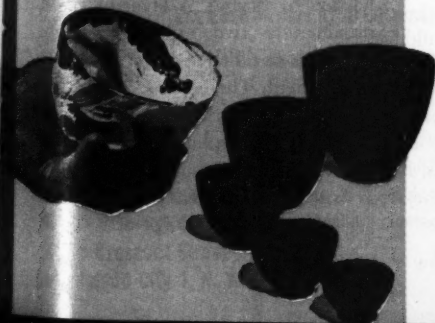
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ASK Oral Hygiene

A

Please send all correspondence for this department to:
The Editor, Ask Oral Hygiene, 708 Church Street, Evanston, Illinois. Enclose a stamped, addressed envelope for a personal reply. If x-ray films are sent, they should be protected with cardboard. We cannot be responsible for casts or study models that are mailed to this department.

Growth of Tori

Q.—I have a patient who has worn a lower partial denture for a number of years. She has two moderately-sized tori mandibulares. She began to notice discomfort in wearing her partial. We relined it and tried to adjust it for comfort, but to no avail.

Do the tori continue to grow all through the patient's life, and will a new partial denture be the most logical answer? All lower molars are missing.—S.P.B., Kentucky

A.—Generally, tori mandibulares do not give rise to symptoms unless there is some irritative lesion of the covering mucosa or if they are abnormally large. In the case of your patient, the pressure of the partial denture apparently is responsible for the discomfort.

Most tori increase slightly from year to year in their size. The lesion is benign in nature and the patient should be made aware of this fact.

Since you have stated that the growth is moderate in size, I would suggest that you provide ample relief to the saddle portion of the partial where contact is made with the tori. In time, when the tori have reached larger proportions, I would advise surgical removal. When and if surgery has been per-

formed, you can decide upon the necessity of constructing a new partial denture.

Uses of Calcium Hydroxide

Q.—Please inform me as to the best use of zinc oxide and of calcium hydroxide in operative dentistry.—E.B.J., South Carolina

A.—The usefulness of calcium hydroxide in pulp capping and pulpotomy has been substantiated by extended clinical experience. Because of the frequency with which bridges of secondary dentine are formed following the application of calcium hydroxide to the exposed portion of the vital pulp, it is considered by some investigators to be superior to zinc oxide and eugenol. An aqueous paste or thin suspension of calcium hydroxide is applied to the prepared area and is permitted to harden by drying. A layer of approximately two millimeters in thickness has been recommended as sufficient. The calcium hydroxide may be overlaid with a thin mix of zinc phosphate cement applied without pressure.

Aqueous and nonaqueous sus-
(Continued on page 60)



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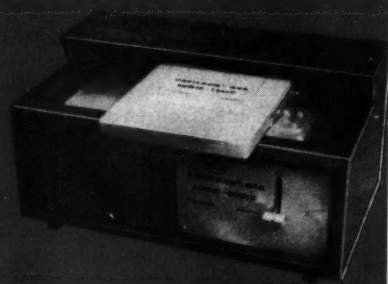
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pensions of calcium hydroxide have been employed as cavity liners, especially in deep preparations, to protect the pulp from the irritant action of phosphoric acid in dental cements.

Zinc oxide-eugenol cements have long been employed as a covering for exposed pulps, a base under silicate and under restorations except the resins. The zinc oxide-eugenol cements interfere with the polymerization of the resin. These cements are also employed to hold medicinal agents in cavities. Zinc oxide and eugenol is an effective seal against marginal leakage. It is the mixture chosen to place under zinc phosphate cements where endodontia has been done to guarantee marginal seals.

Bridges for Children

Q.—I am puzzled as to the best thing to do for a boy, 13, who had an upper central tooth knocked out. Twice, in years past, I have placed a tooth back in position and each lasted about 10 years.

In this case, because of 8 or 10

stitches in the lip, the surgeon did not want to risk this treatment, so I am wondering how to handle the replacement. I have made a one-tooth partial denture for temporary use, but I should like to dispose of this and use a fixed appliance. I am afraid the other central is not yet firmly fixed enough to carry a replacement, and if I use both this central and the opposite lateral fastening them together may interfere with mouth growth.—W.N.B., Massachusetts

A.—In order to construct any successful dental fixed bridge, it is imperative to follow certain fundamental principles. The teeth should be completely formed, the surrounding tissues must be in a healthy condition, and the arch must be fully developed.

If the partial can be worn, I would suggest that you explain to the parents of the patient the advisability of waiting until the patient has reached the age of sixteen, at which time you can best judge whether a fixed bridge employing one abutment tooth or two abutment teeth is more desirable for replacing the missing tooth.

THE COVER

THIS MONTH's cover is dedicated to the annual campaign for the American Dental Association Relief Fund. A goal of \$125,000 has been set. The 1959 drive surpassed its quota by \$14,136.22. It is hoped that the minimum contribution per dentist will be \$5 this year. Every dollar contributed goes for relief purposes. All administrative and promotional expenses are met by the American Dental Association. One-half of each contribution from dentists in your state will be returned for use by your own Relief Fund.

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Dentists in the NEWS

Appointed to Dental Council

Doctor Stephen P. Forrest, dean of the St. Louis University School of Dentistry, has been appointed to serve on the National Advisory Dental Research Council. Members of the council advise and make recommendations to the Surgeon-General of the United States Public Health Service on training grants and fellowships to be awarded from PHS funds.—*St. Louis (Missouri) Globe-Democrat*

Keeps Date With President

A 92-year-old grandmother, the widow of a dentist, flew all the way from Argentina to accept President Eisenhower's invitation to visit him at the White House. One of Argentina's earliest North American settlers, Mrs. Fanny Taylor Newberry, said President Eisenhower made arrangements to see her during his South American trip last February. But she was in Chile and could not fly back to Argentina in time to meet him. She wrote of her disappointment in a long letter to the White House. The President replied, and asked Mrs. Newberry to visit him in Washington any time she could.—*Washington (DC) Post*

Bequeaths Legacy for Snake Exhibit

The problems of a snake are delineated in a 40-foot long display opened at the Museum of Natural History at the University of Kansas with a legacy bequeathed by the late

Doctor Glenn C. Rinker of Hamilton, Kansas. Doctor Rinker left an assortment of lifelike casts of snakes common in Kansas. Thirty-one of the casts were used in the display, which notes that Doctor Rinker also contributed about 5000 specimens of mammals to the museum.

After a brief interval, university officials announced proudly that the new exhibit had "passed the smudge test." That, they explained, means that the janitor finds each night that the glass front of the case has been well smudged by children's fingers.—*Clovis (New Mexico) News-Journal*

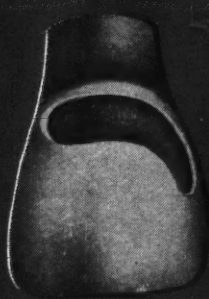
Creator of "Instant-Brik"

In collaboration with two of his patients, Doctor Theodore Liebman of White Plains, New York, has a patent pending for "Instant-Brik," an invention for applying paint with a stencil to give the look of bricks to house foundations and walls. Doctor Liebman is an expert in the popular French "trompe l'oeil" (fool the eye) technique which lends the impression of a mosaic to a flat oil painting. He is now thinking of a method to mass reproduce oil paintings so people can own actual oils for a low cost.—*White Plains (New York) Reporter Dispatch*

93-Year-Old Tells History of Old West

Doctor J. E. Storey, now 93 years of age, found it difficult to get settled in the practice of dentistry in Dallas when he was 25. In those days
(Continued on page 66)

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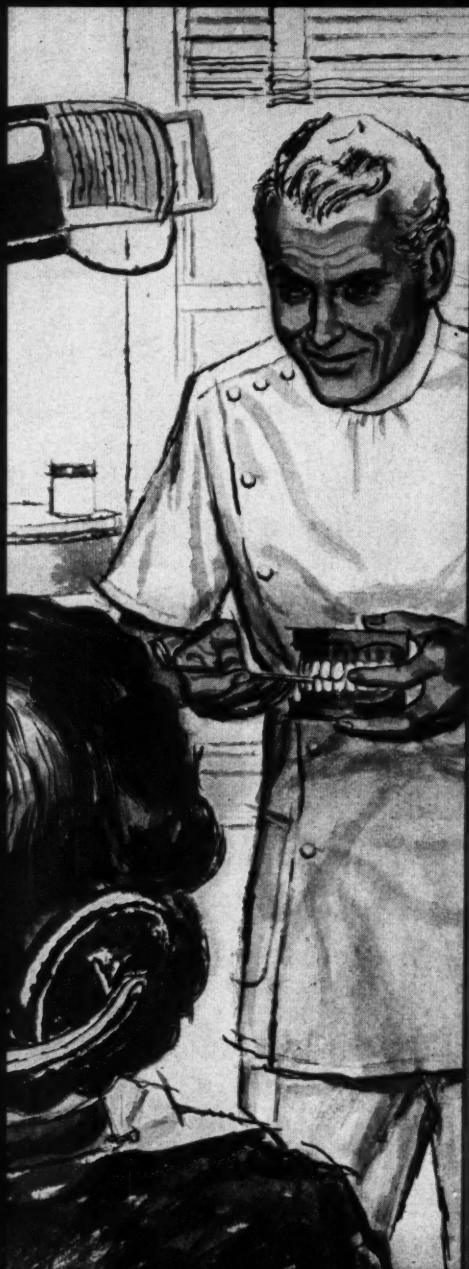
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Most successful dentists serve a limited number of patients whom they try to see at regular intervals.

Such dentists recognize that the patient who returns to the office is demonstrating high regard for their professional knowledge and skill. The patient appreciates chair-side instructions on proper home care. And he responds to this evidence of his dentist's interest by becoming more interested himself in all aspects of oral health.

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(1892) people did not trust anyone unless he was 50 or so. So he drifted. He practiced dentistry in Arizona and New Mexico while they were still blustery territories. He moved among the Indians, gathering ideas and history, and an array of artifacts that comprise a valuable collection today. He remembers Doc Holliday and Wyatt Earp, and once played poker with Frank James.—*Houston (Texas) Chronicle*

Overcomes Financial Obstacles

In order to continue his education and win his DDS, Doctor Max W. Brown held four part-time jobs while attending Memphis State University. During his first year in dental school he continued as a clothing salesman and a copy clerk for Associated Press. Throughout dental school he held the sales job, working Saturdays, nights, and holidays. He was forced to give

up the AP job when the strain threatened his health. He recently received his DDS, along with the Marion L. Fuller citation. The citation is an honor voted by members of the class to the student they feel has surmounted the most obstacles in gaining a degree.—*Memphis (Tennessee) Commercial Appeal*

Serves On Aid Ship

Doctor Stanley Hellman of Chicago, Illinois, is ship's dentist on the Hope, a ship carrying volunteer medical aid from the United States to the Far East. The Hope embarked from San Francisco in September.—*Chicago (Illinois) News*

Artist at 90

Four years ago, at the age of 86, Doctor Daniel Webster Bradt, of Litchfield, New Hampshire, first ex-
(Continued on page 68)



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odontist to operate at the Forsyth Dental Clinic in Boston, started painting. Since then he has won ribbons, sold several paintings, and given others to friends in all parts of the country. He even has a studio of sorts; it is a shed attached to a garage-barn.

Doctor Bradt prefers to paint on asbestos siding as it absorbs water colors quickly and gives paintings a fresh appearance. At 90 he said of his artistic career. "Painting hasn't cost me much. I don't think I have spent \$2 for equipment."—Boston (Massachusetts) *Globe*

Receives Alumni Award

An award for service to Muhlenberg College has been presented to Doctor Joseph T. Hummel of Allentown, Pennsylvania. He has served the College and its alumni continuously since his graduation in 1917. During the late '30's and early '40's

he assumed responsibility for the entire reunion weekends, planning programs, and writing entertaining reunion skits. He also has served with distinction for the past six years as an alumni elected representative to the Board of Trustees.—Allentown (Pennsylvania) *Muhlenberg News*

Leading Birdman

Doctor Robert K. Poling of Cumberland, Maryland, held a commanding point lead of 549 points in the third annual Mid-Atlantic States Soaring meet. He set a new West Virginia record for endurance when he stayed aloft in a sailplane nearly six hours.—Cumberland (Maryland) *Times*

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

Mrs. A. M. Burrell, 304 South 6th
(Continued on page 70)

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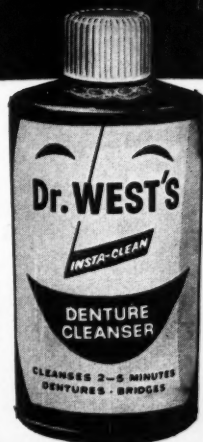
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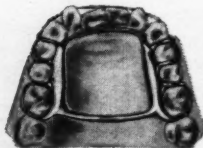
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ANSWERS TO QUIZ 195

(See page 53 for questions)

1. The setting time decreases and elasticity develops much more rapidly. (Rubinstein, Joseph: The Use of Silicone Material for Impressions of Deep-seated Cavities, JADA **69**:950 November 1959)
2. True. (Updegrave, W. J.: Normal Radiodontic Anatomy, Dental Radiography and Photography, **31**:65 April 1958)
3. Yes. (Burket, L. W.: Systemic Aspects of Periodontal Disease, J. of Periodontology **24**:10 January 1953)
4. (a). (Rickles, J. A.: Surgery in Endodontics, Texas Dent. J. **76**:276 June 1958)
5. Yes. (Ennis, L. M.: The Chemistry of Calcification and its Roentgenographic Appearance, JADA **59**:99 July 1959)
6. True. (Zander, H. A.: Pulp Responses to Restorative Materials, JADA **59**:913 November 1959)
7. (a). (Friedman, J.; Lite, T.; and Solomon, H.: Pulp Reactions to Ultrasonic Tooth Preparation, New York J. Dent. **26**:144 April 1956)
8. Yes. (Obst, J. J.: Management of Common Clinical Problems in Endodontic Practice, N. Y. Jour. Dent. **29**:274 October 1959)
9. (a). (Appleton, J. L.: Bacterial Infection with Special Reference to Dental Practice, ed 4, Philadelphia, Lea & Febiger, 1950, page 186)
10. (a). (Henschel, C. J.: High Speed with Safety, ORAL HYGIENE **50**:34 February 1960)



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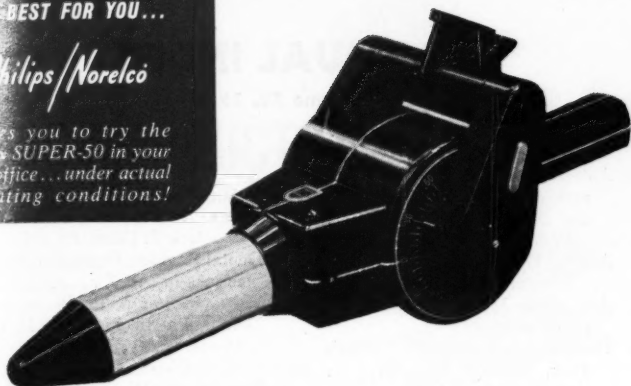
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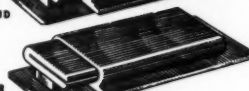
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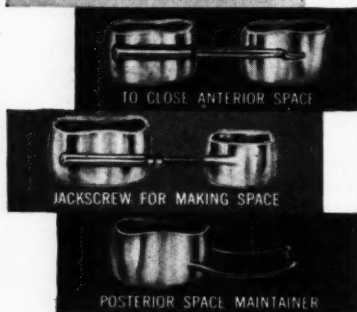
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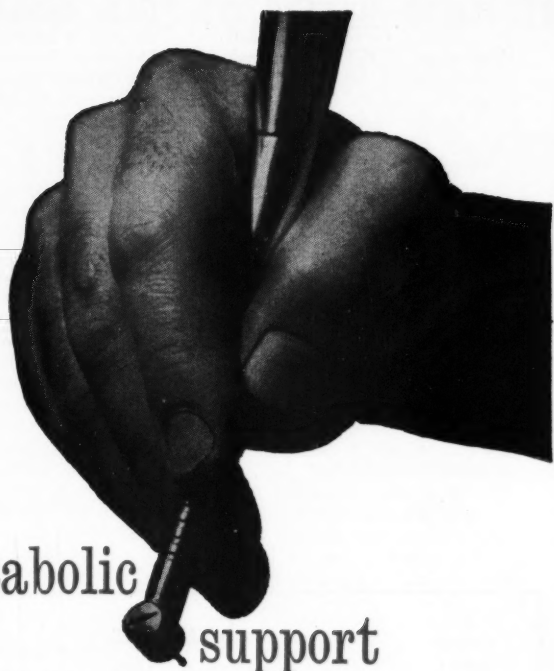
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SIGNS OF THE TIMES

In a resort hotel at Swan Lake, N.Y.: "Honeymooners treated with studied neglect."



Any girl can make or break a man, but a smart girl does both.

Remember, girlie; Alimony will do you no good on a cold night.



Confucius probably say: Who say I say all the things they say I say?



By the time a man can afford to lose a golf ball, he can't hit it that far.



Also it could have been the same guy who applied for life insurance. After a bit of figuring the insurance man said.

"If it's a straight life you want it will cost you \$15.32 per month."

"Well," said the guy, "I like to play around a little on Saturday nights."



The old narrow trails where two cars could barely pass without colliding are happily replaced by six to eight lane highways where six or more can collide at one time.



In Africa, some of the native tribes practice the strange custom of beating the ground with clubs, and uttering wild, blood-curdling yells. Anthropologists call this a form of primitive self-expression. In America, we call it golf.

Home from the capitol, a business man looked out the window and saw a log floating down the river. He pointed it out to a friend.

"See that log," he said, "That's just like Washington. If you examine that log closely you'll find 10,000 ants on it—and each one thinks he's steering it."



For fixing things around the house nothing beats a man who's handy with a checkbook.



Two duck hunters were sitting behind their blind, one drinking from a thermos of coffee, the other from a jug of whiskey. After some hours of sipping they spotted a lone duck winging through the sky. Taking quick aim, the coffee drinker rose, let fire, and missed. The whiskey drinker rose, let fire and brought the bird down. His companion, properly amazed, complimented him on the shot. He replied, "Aw, it's nothing, I usually get five or six out of a flock like that."



A famous quarterback took back his fraternity pin from his girl when he discovered she was being faithful to the end.



Remember that every hard boiled egg is yellow inside.



Tricky-type riddle: What weighs 1000 pounds, has four legs, is yellow, and can both sing and fly?

Tricky-type answer: Two five-hundred pound canaries.

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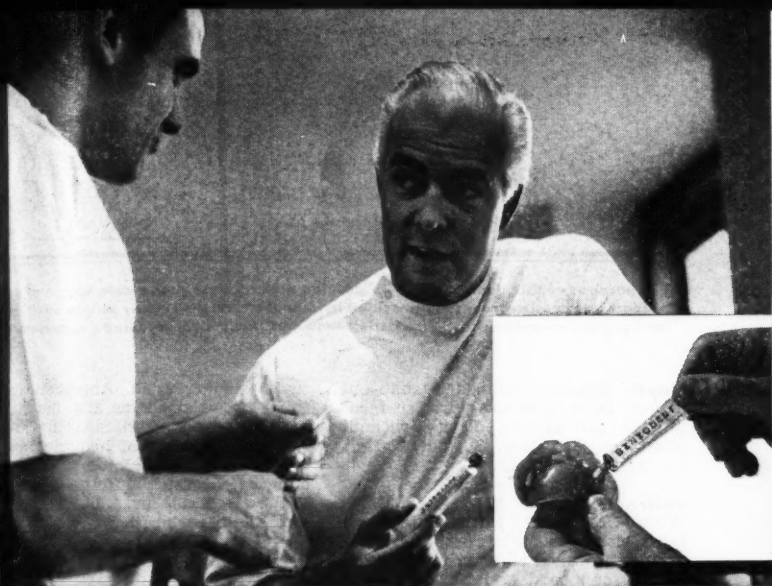
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Valtronic Model S-14—for S. S. White CMA Unit. Entire interior is lined with same stain resistant Wood-grained Formica as exterior. Includes storage cupboard and hinged flip-up base that allows foot control to be pushed into concealment. The Valtronic Corp., 415 West 218th St., New York 34, N. Y.

Starlight Pre-Stressed Diamond Basic Set—includes 7 Starlite Pre-Stressed Diamonds and 1 Starlite Sparklray (latter makes possible cleaning instruments while storing them). Star Dental Mfg. Co., 58th & Market Sts., Philadelphia 39, Pa.

Disposable Earphone Covers—made of Kaycel, a soft noiseless paper. Available for Ritter Audioc and Cavitron Audio-Sonic Model 44A. No distortion of sound. Acme Paper Products Co., 139 Spring St., New York 12, N. Y.

I.D. Denture Medication—for use with immediate and relined dentures. Also effective when applied to tissue after diseased alveolar ridge is cut away. Alleviates pain and promotes healing. A-Trol Laboratories, 3322 Huntoon, Topeka, Kans.

Anesthetic and Hemostat Kit—contains 15 cc. vials of topical anesthetic, topical hemostat, concentrated anti-

septic mouth wash. Anesthetic contains 25% benzocaine, 2% butyn, alcohol, pigment, and flavoring agent. Active ingredients of hemostat: racemic epinephrine, chlorobutanol, resorcinol. Does not discolor tissue. Walter Roberts, Inc., 2705 West Touhy Ave., Chicago 45, Ill.

Dentavision—universal appeal of television used as a distractive medium. Subdues apprehension, relaxes patients, and relieves tension. Completely adjustable to any viewing position. Equipped for earphone or loudspeaker use. Dentavision, Inc., 110 N. Sanford Ave., Sanford, Fla.

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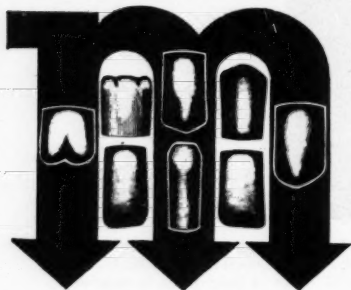
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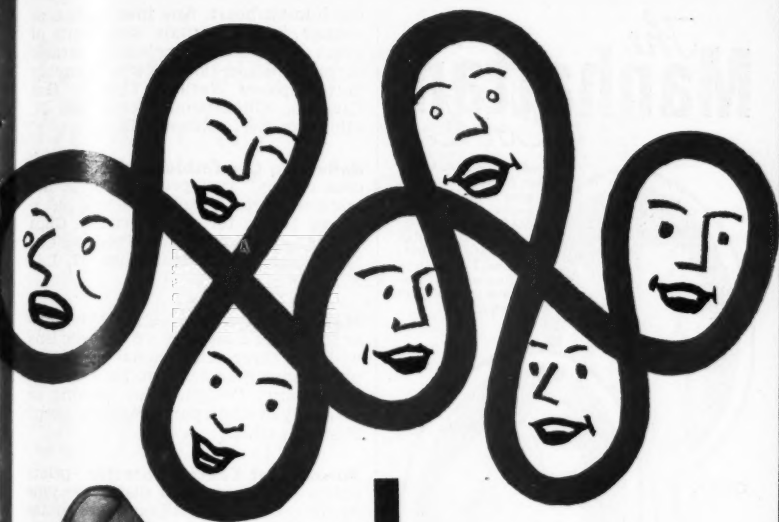
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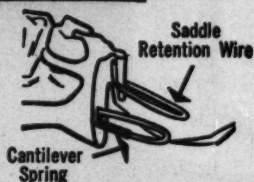
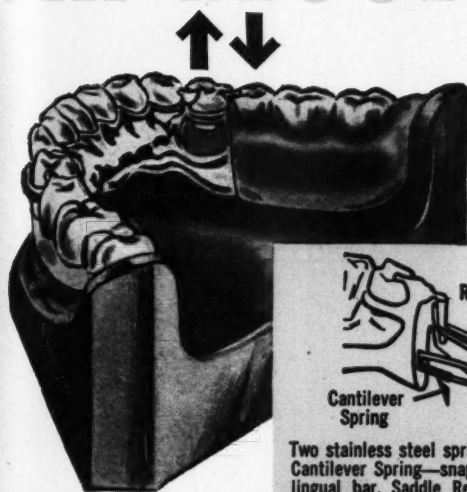


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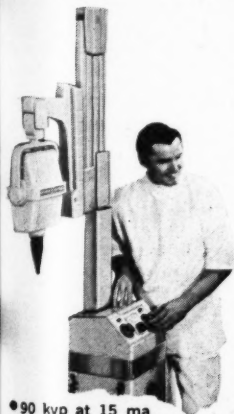


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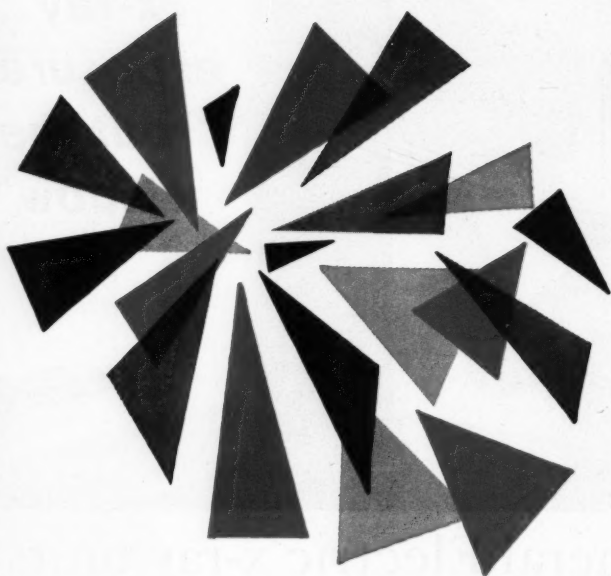
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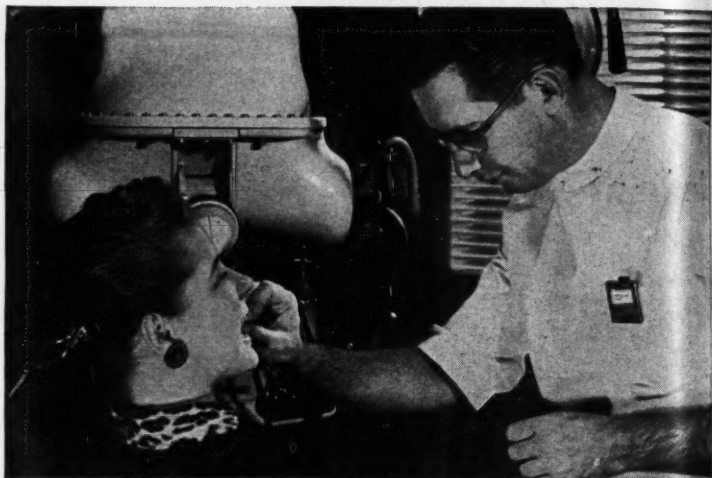
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*Wm. F. D. Grant, DDS, Journal of the American Dental Association, Nov. 1960. Reprints available from Luxene, Inc., 118 East 25th St., N. Y. C. 10



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Here are some of the common troubles that crop up on cold weather processing and some simple ways to avoid them.

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D, OCT. 1958.

ALVIN D. SENTER, B.S.,
D.S., M.S., A CLINICAL
EVALUATION OF AN OXY-
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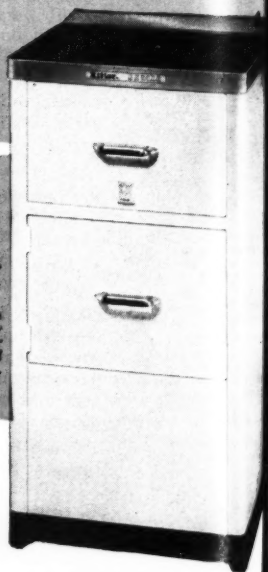
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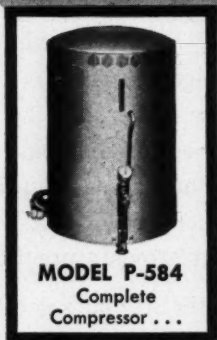
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1. Novick, Joel M. and Sodhi, G. S., Chloraseptic: Evaluation as a Therapeutic Agent, Medical Annals of the District of Columbia, Vol. XXIX, No. 8, August 1960
2. Blum, Bertram, Evaluation of an Anesthetic Mouthwash, to be published

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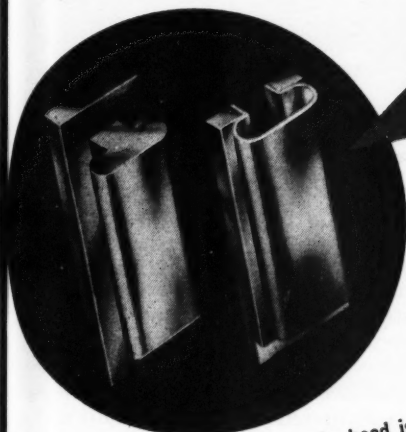


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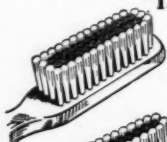

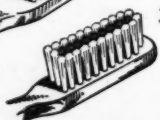
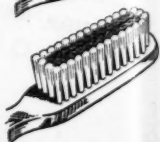
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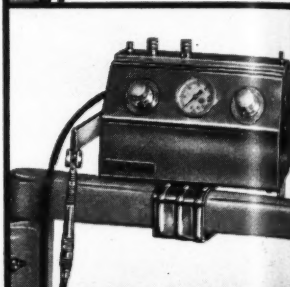
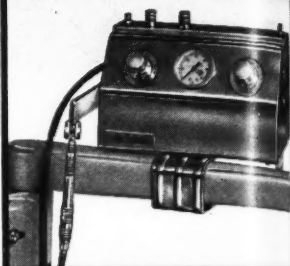
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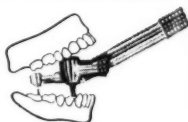


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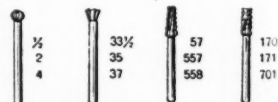


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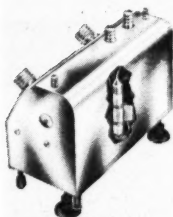
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Increases efficiency and guarantees a perfect relationship between the angle and the diamond. The overall shortness in the Miniature Head lets you make preparations not easily done with larger head contra angles.

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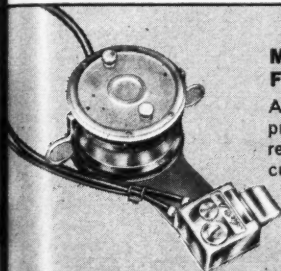


Made for the Midwest Miniature Contra Angle only . . . guaranteed to have perfect relationship between the bur and the contra angle . . . for even greater precision.



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Adjusts speed from High to Low and back again. Toe pressure changes bur speeds, provides slower speeds required for fine finishing operations, decay removal, and cutting of dentin. No stops, No delay! At top speed you can reduce speed without going back to stop position by reducing toe pressure. You stand in a balanced position—reduces fatigue. Features a built-in water separator.

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Enables you to use both the Midwest Miniature and your present air turbine angle. When used with the Midwest Miniature Air-Drive, drive air is exhausted into a special receptacle in your control cabinet. Your present air turbine will exhaust in the usual manner.

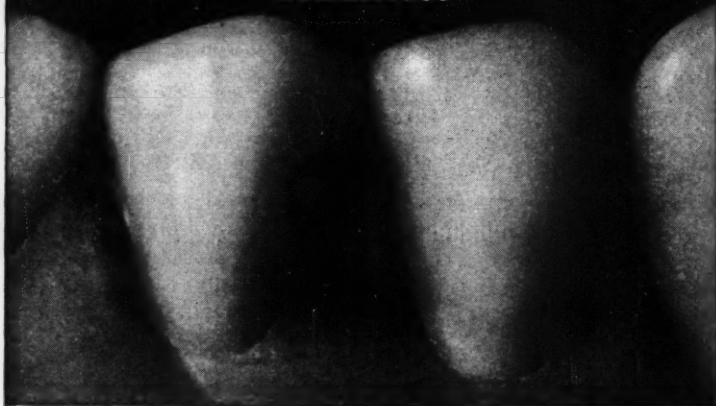


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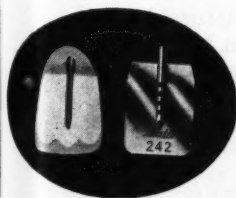
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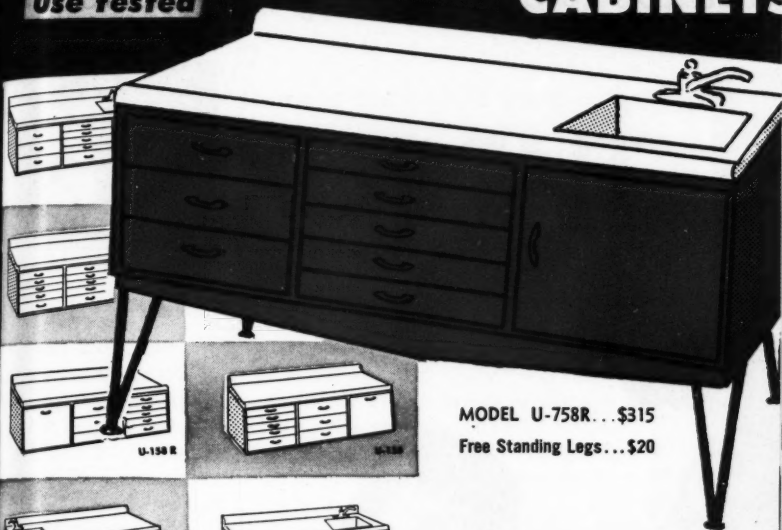
Are you and your patients getting *all* of the benefits possible with Thermodent Tooth Paste? Although the efficacy of Thermodent in relieving and controlling dental sensitivity due to hot and cold foods and drinks is readily recognized, an awareness of its *full* potential can aid you enormously in your practice. Consider these three simple steps.

■ **Step 1: Recognize the sensitivity.** Even without patient complaint, recognition is relatively easy because sensitivity often accompanies more serious conditions, among which are: **recession • erosion • malocclusion • unrestored missing teeth • clasp abrasion • excessive brushing • inadequate brushing.** Investigation has indicated that as many as *one in four* patients may be suffering from dental hypersensitivity. ■ **Step 2: Begin adjunctive therapy with Thermodent.** Used between visits, Thermodent can diminish undue discomfort during instrumentation at the chair. It is important that you emphasize *daily* and *continued* Thermodent brushing during this treatment period for best results. Your patient will be more comfortable, while you will benefit in time saved by not having to "go slow"—a pleasanter experience for both of you. ■ **Step 3: Recommend "well care" with Thermodent.** It is completely safe for your chronically sensitive patient to continue indefinitely in the normal routine of good oral hygiene. Thermodent is an excellent cleansing dentifrice for everyday mouth care. Not only will desired relief from hypersensitivity be maintained between office visits, but you can be assured that the improved mouth comfort will facilitate proper dental care. Try Thermodent's "Three Steps" and see if it isn't so. ■ Thermodent is promoted only to the profession, and is available in 2-ounce tubes at all pharmacies.

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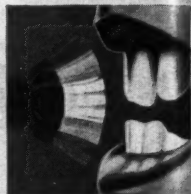
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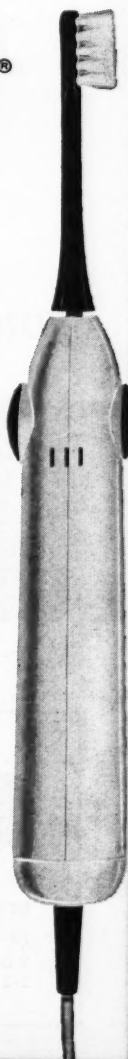
TIME — Many patients, also, are "too busy" to spend twice a day the necessary four or five minutes you recommend for the maintenance of sound oral health. *Broxodent* provides in 45 seconds the required efficacy of gingiva brushing and debris removal.

THE SAFE, SILENT MOTOR UNIT — Fully approved by the Underwriters Laboratories—the motor unit is self-lubricating and sealed in a watertight, shockproof housing. Easily operated by all members of the family, even children, wherever 110 volt alternating current is available.

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Unconditionally guaranteed for one full year, Broxodent is available with two interchangeable brushes, a plastic travel case, and a convenient bathroom wall rack, at the better pharmacies, for \$19.75. Extra brushes (in a variety of colors) can be purchased separately, two for \$.98.

See your Squibb representative for complete details and demonstration, or write E. R. Squibb & Sons, 745 Fifth Ave., New York 22, N. Y.



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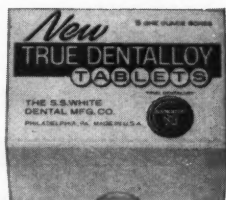


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help change
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picture of inflamed
gingivae *

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- 1 VINCE supplies safe, therapeutic oxygen to inflamed gingival tissues
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THE OXYGEN RINSE

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Photograph of patient with severe sore mouth; VINCE oxygen rinse prescribed.

1 WEEK LATER

Same patient — one week later; VINCE oxygen rinse plus prophylaxis.

5 WEEKS LATER

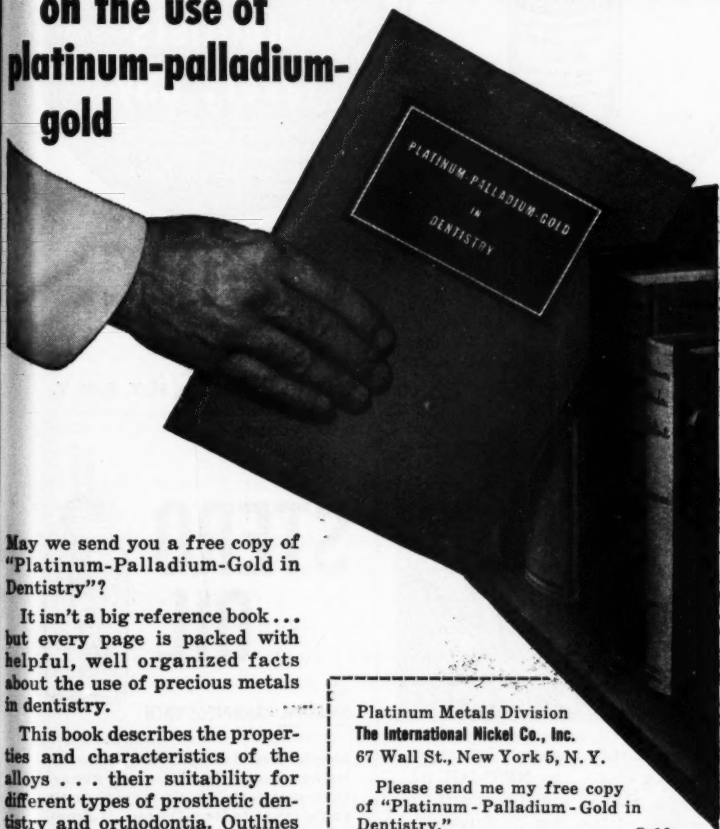
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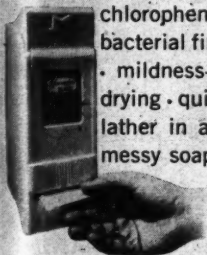
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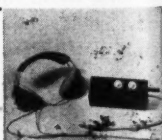
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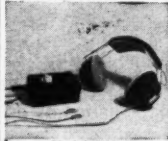
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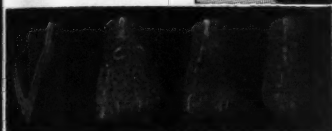
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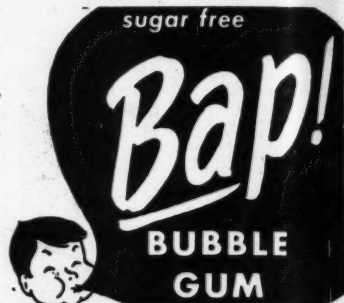
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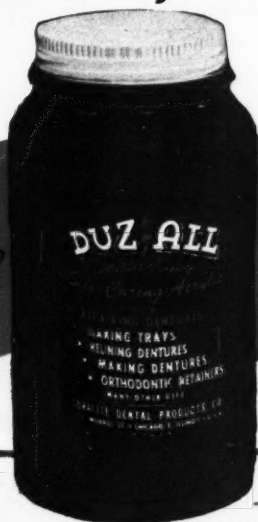
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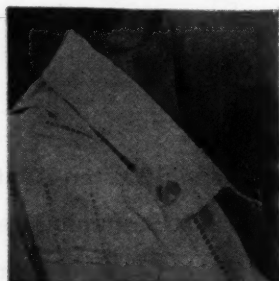
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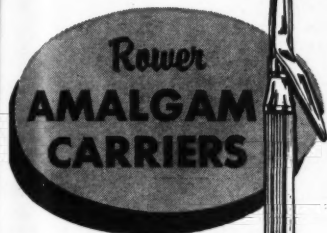
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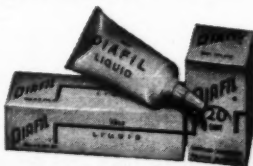
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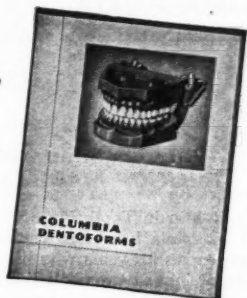
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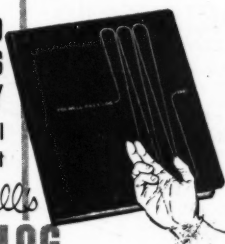


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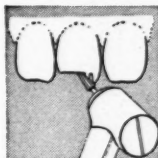
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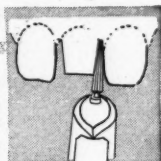


Gross Reduction of Incisal Edge

Using ENAMEL SHAV-
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mesial to distal, hold-
ing bur at right angle
to incisal edge.

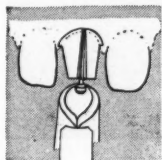
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Using same ENAMEL
SHAPER and moving
bur from the labial to
the lingual, in planes
which converge slightly
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reduce and place shoulder in one operation.



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by holding the bur



parallel to long axis of tooth and shaving
from mesial to distal.

For final finishing, and bevel of shoulder,
use a HORICO DIAMOND INSTRUMENT
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1. Shaw, Jas. H., Caries-producing Factors: A Decade of Dental Research, J. Am. Dent. A., 55:785 (Dec.) 1957.
2. Ludwig, T. G., and Bibby, B. G., Acid Production from Different Carbohydrate Foods in Plaque and Saliva; Further Observations Upon the Caries-Producing Potentialities of Various Foodstuffs, J. Dent. Research, 36:56 (Feb.) 1957.
3. Bibby, B. G., Effect of Sugar Content of Foodstuffs on Their Caries-Producing Potentialities, J. Am. Dent. A., 51:293 (Sept.) 1955.

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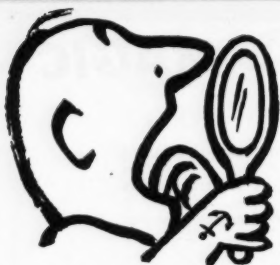
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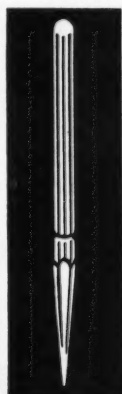
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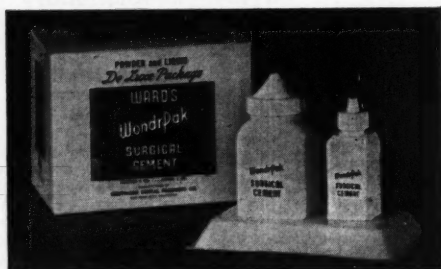


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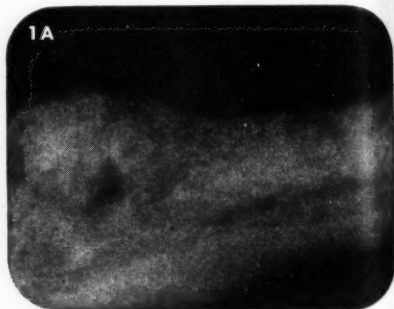
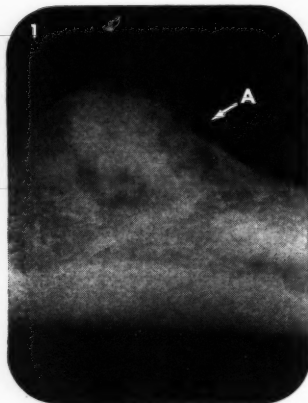
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Figures 1, 1A: Periapical radiographs of a mandibular fibrous dysplasia with varying densities within a fairly well-circumscribed radiolucency which has a distinctive hyperostotic border at "A".

*Radiographs and caption material from the Division of Stomatology, School of Dental and Oral Surgery, Columbia University, New York City.

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Figure 2: An extraoral radiograph of the body of the mandible containing a large, deforming fibrous dysplasia (note expanded outlines at "A"). Here the tumorous mass consists of irregular, patchy opacities of varying density in a radiolucent enclosure.

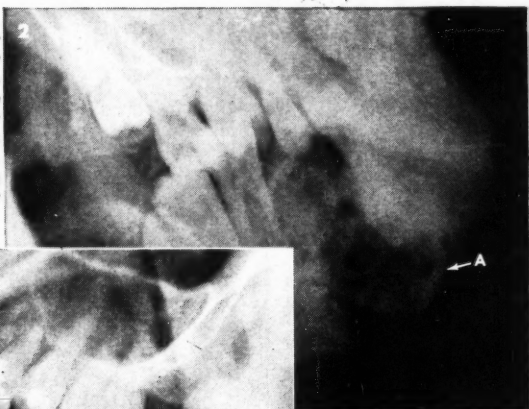


Figure 3: An extraoral radiograph of a fibrous dysplasia of the mandible simulating a periapical infection. The circular-shaped radiolucency, its apposition to the apices of the bicusps and its narrow, hyperostotic periphery strongly suggest a diagnosis of radicular cyst. However, both teeth are normal and vital.

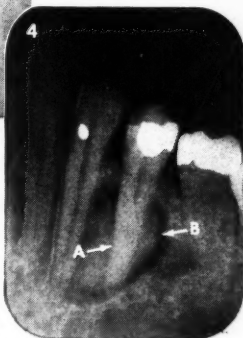


Figure 4: A periapical radiograph of fibrous dysplasia which appears to be enveloping the root of a first bicuspid. Note the distinct opacity at "A" surrounded by a peripheral radiolucency at "B".

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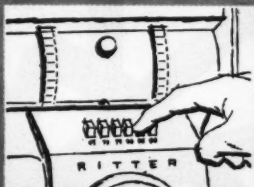
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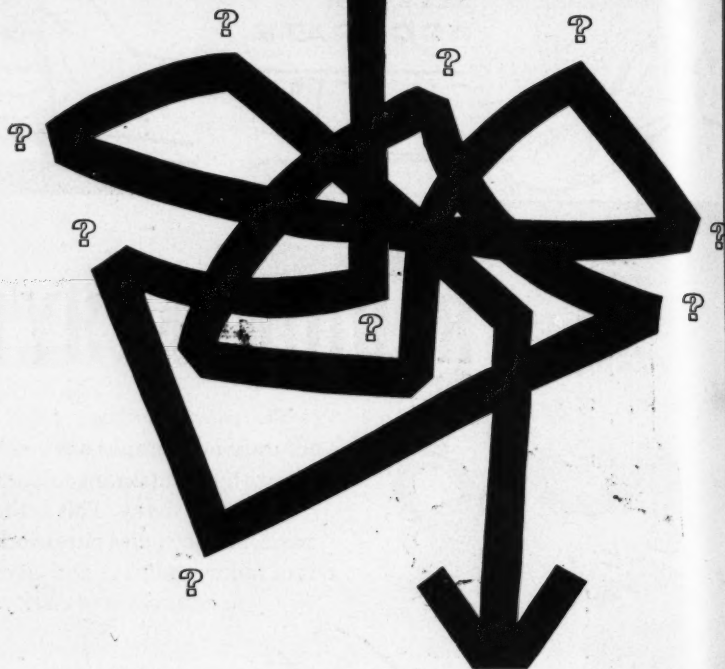


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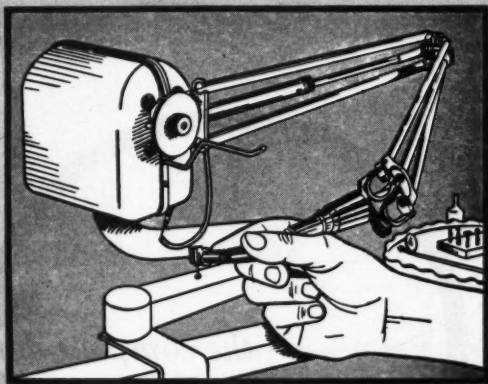


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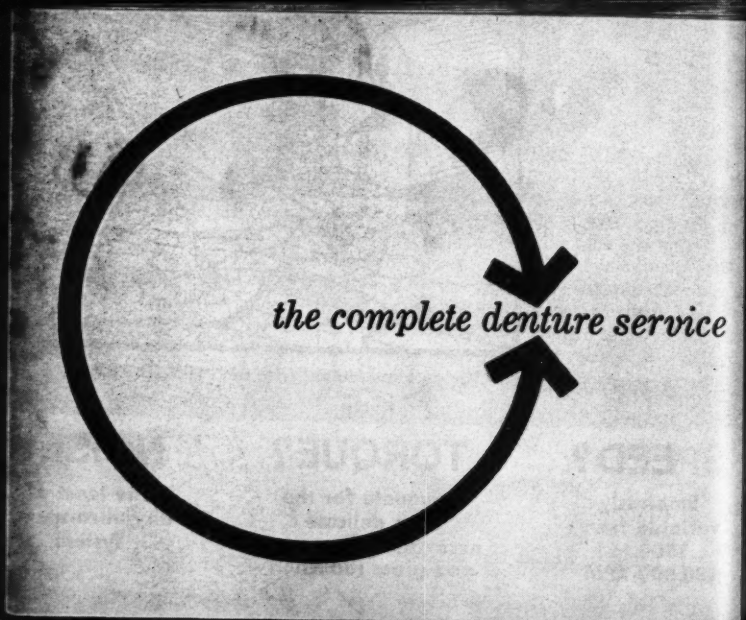
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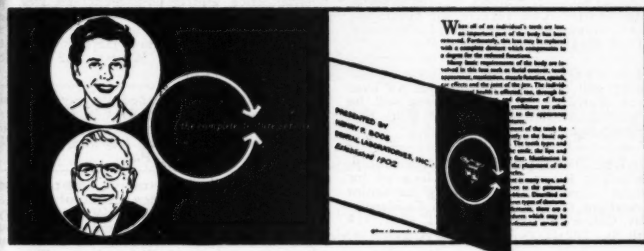


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Thiamine mononitrate (B₁) 15 mg.
Riboflavin (B₂) 10 mg.
Pyridoxine HCl (B₆) 5 mg.
Nicotinamide 50 mg.
Calcium pantothenate 10 mg.
Ascorbic acid (Vitamin C) 250 mg.

As much as:*

6.9 lbs. of fried bacon
31½ ozs. of liverwurst
2 lbs. of yellow corn
11 ozs. of roasted peanuts
¼ lb. of fried beef liver
¾ lb. of cooked broccoli

*These common foods are among the richest sources of B vitamins and ascorbic acid. H. A. Wooster, Jr., *Nutritional Data*, 2nd. Ed., Pittsburgh 1954.

Allbee® with C



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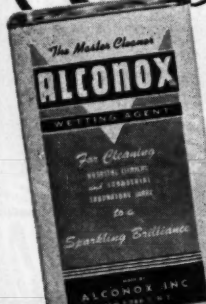
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